ż

SIAIL OF 1. PLACE OF DEATH	MARYLAND—	9	/
County Allegany Village or City Innatural	City Limi	Registration Dist. No. No. 1	Ware
Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmo	sd
2. FULL NAME mostly (a) Residence: No. Baltin	No. Olh now Pake (Usual place of abode)	St., Ward. If nonresident give city of town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AND 30 (Month) (Day)	, 193 (Year)
a. If married, widowed, or divorced			
ia, If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I ettended	leceased fro
1	~ 1000	1935, to What 30	, 194.
5. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months	Days If LESS than	Vast saw h alive on, 19, 19, to have occurred on the date stated above, atm.	; death is sa
2	2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
9 Trade profession or particular	// ormin.	were as follows:	Date of one
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	me	a constant	3.00
9. Industry or business in which		2.18-10-1 Pm	20
work was done, es SILK MILL, SAW MILL, BANK, etc		- Control of the second	J. P. Con
D. Date deceased last worked at this occupation (month end year)	11. Totel time (years) spent in this occupation	Sumbers	106
12. BIRTHPLACE (city or town)	2.	Dther Contributory Causes of Importance:	
1 7/ 1/1	this		
1 3	lest a	Name of operation Date of	
(State or country)	Ihm.	What test confirmed diagnosis? Was there en e	ulonsy?
15. MAIDEN NAME CENTIS	an 1/kmer.	23. If death was due to external causes (VIDLENCE) filt in also the following	
15. MAIDEN NAME GESSIE 2. 7 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town)	and.	Where did injury occur?	,
17. INFORMANT Honry Ather	ing Phi	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	CE.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury	
Place that I fermin o	ate My 7, 1935	Nature of injury	
19. UNDERTAKER Anis Sting (Address) Combedon	nel	24. Was disease or injury in any way related to occupation of deceased?	
20. FIRED Pay 2, 135 No	Frankler	(Signed) Hillan Share	М

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L FIELD

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08701
1. PLACE OF DEATH	(82.0)
County allegary	Registration Dist. No. 12
Village or City National md	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Thinson	
(a) Residence: No. National (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (nurite the word)	21. DATE OF DEATH apr. 26 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Clara Brown (It Kincon)	22. I HEREBY CERTIFY That attended the ased from
6. DATE OF BIRTH (month, day, and year) apr. 7. 1835	1 Get saw have alive on april 126 4, 19 36; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8.30 Pm.
60 0 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trede, profession, or particular kind of work done, as SPINNER, Cral Mercel	arterio selerosis 6/1/3/
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (worth and	
A Jindustry or business in which work was done, as SILK MILL, Coal munu.	
10. Date deceased last worked at this occupation (pronth and year) spent in this occupation 4.3 %	
A 10	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Frontburg (State or country)	Cerebral apoplety 4/20/35
1100-	/ / /
13. NAME (anes Albinson. 14. BIRTHPLACE (city or town) Lostburg.	
4 14. BIRTHPLACE (city or town) Lostfung	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Prand TRIPLES 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Lugaria	Where did injury occur?
17. INFORMANT Chalie Okode	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Frost burg, maryland	***************************************
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place trouting Md Date Upe 17,1935	Nature of injury
19. UNDERTAKER David & Boal	24. Was disease or injury in any way related to occupation of deceased?
(Address) Longrowing and	If so, specify
20. FILED Cypr. 27, 1925 R. Stalkae. Registrar.	(Signed) h. M. D. (Address) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	CERTIFICATE OF DEATH 03702
1. PLACE OF DEATH	<u>(8)</u>
County Algany	Registration Dist. No.
Village or City Ellerslife, Mod	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
1 1 4 1	
2. FULL NAME Thank Sage	com com on my
(a) Residence: No. (Usual place of abode)	St., Ward. Ollselle Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Upril 7, 193 5
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
1/4/31	19 to
6. DATE OF BIRTH (month, day, and year)	I last saw h Ald defive on
7. AGE Yeers Months Days If LESS than 1 dey,hrs.	to heve occurred on the dete stated bove, et & &
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
Industry or husiness in which	Don autous abortion
work wes done, es SILK MILL, SAW MILL, BANK, etc.	poon and as about con
10. Dete deceased last worked et 11. Total time (years)	
this occupetion (month end spant in this year) occupetion	
12. BIRTHPLACE (city or town) Blesslie	Other Contributory Causes of Importance:
(Stata or country)	
13. NAME Howard Samuel Bagley	
13. NAME Joward Samuel Pagery 14. BIRTHPLACE (city or town). Dealogd The	Neme of operation Dete of
(State or country)	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Gladys Wennick	23. If death was dua to externel causes (VIOLENCE) fill in elso tha following:
15. MAIDEN NAME Galys Wenrick 16. BIRTHPLACE (city or town) Effersleie	Accident, suicide, or homicide? Data of Injury 19
Stete or country)	Where did injury occur?
17. INFORMANT Mrs Daward Bay One	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Blee lie, Brot	
18. BURIAL CREMATION, OR REMOVAL	Mennar of injury
Preeme 6 Mershel Mil Dela foreb 2, 1935	Neture of injury
19. UNDERTAKER Haward Backer	24. Was disease or injury in any way related to occupation of deceesed?
(Address) 6 Blesseley On A	If so, specify
20. FILED Mar 6 193 He Lland Well.	(Signed) In M. Sheffer M. D.
ZO. FILED Registrar.	(Address) Cump Ind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Allegany . WITHIN CO.	RPORATE LIMITS
	Registration Dist. No.
Village or City Combaland	No
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME many Catherine Bec	/al
(a) Residence: No. 101-11 11 11 11 11 11 11 11 11 11 11 11 11	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED ("write the word) Handle Hadroned"	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Unthony Buck.	22. 1 HEREBY CERTIFY, Thet I attended deceased from
f 11 1 19 m	19.33, to april 17, 19.35.
7. AGE Years Months Deys If LESS than	I last saw has alive on Open Alanda, 1935; death is said
I day,hrs.	to have occurred on the date steted above, at
Which 18 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEEPER at SAWYER ROOKKEEPER at the SAWYER R	
9. Industry or business in which work wes done, as SLLK MILL	bho Myscarhitia 1933
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Brokelyn p. J.	Other Coutributory Causes of Importance:
(Stete or country) (Stete or country) (Stete or country)	Sastric burnowa 1932
13. NAME 11. BIRTHPLACE (city or town)	Neme of operation.
(State or country) France.	What test confirmed diegnosis? Change ale Was there en autopsy?
# 15. MAIDEN NAME Cathrisine Bachsheider	-23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(Stete or country) Frankel	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Control Bucks.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place & to Kitter & Pankarden Max-20, 1935	Nature of injury
19. UNDERTAKERISMO Sterning.	24. Was diseese or injury in any wey related to occupetion of deceesed?
(Address) Em Jaland	If so, specify
Josephil 19, 1935 Therenes Allera	(Signed) Francis Haberson M.D.

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	67-C
County allegany	Registration Dist. No.
Village or City Andland	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	.//_ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME William Genny Beems	ui
(a) Residence: No. midland And	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH April 7th 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) april 5-35-	Hast saw h sein allve on abril 6 4 1925 deeth is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stete above, at 5A m.
/ / / l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	wero as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in the MILE work was done as SILK MILE.	Carpentel Gast white
9 Industry or husiness in which	1,000
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month end year) to coupation	
12. BIRTHPLACE (city or town) Midlaud - Md (State or country)	Other Coutributory Causes of importance:
13. NAME PALL REQUIRE	
14. BIRTHPLACE (city or town) Manyland	Name of operation Date of
4. BIRTHPLACE (city or town) (State or country)	
	What test confirmed diagnosis? Was there an eutopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Java Dawson 16. BIRTHPLACE (city or town) Many Caryland (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT. John Beeman (Address) midland - ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Usligury Date 4/7, 1936	Manner of Injury
19. UNDERTAKER John Belman	24. Was diseese or injury in any way related to occupation of deceased?
20. FILED apr. 7, 19 35 P. Stake Registrar.	(Signed) M. M. C. M. D. (Address) Midland M. D.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF	MARYL	AND-	-CERTIF	ICAT	E OF	DEA	TH
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U	4	6	V	U

1. PLACE OF E	Allegan	y W	ATHIN COR	PORATE LIMITS	(121) Registratio	n Dist. No.	4
Village or City		and . Md	(li	No. 49 Hur f death occurred in a hospital of ds. How long in U	nbird St. or institution, give its NA! U.S. if of foreign birth?	St., E ME instead of street an	Ward aumber)
2. FULL NAME (a) Residence:	210-41	(Usual place	of abode)	St., 6 -3 Ward.	If nonreside	ent give city of town a	nd State
PERSONAL	AND STATISTIC	CAL PARTIC	CULARS	MEDICA	AL CERTIFICAT		
	EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.		21. DATE OF DEA	TU	25.1935 (Dev)	, 193(Yeer)	
5a. If merried, widowed, o HUSBAND of (or) WIFE of	• • • • • • •	•		22. JHER	EBY CERTI	FX That I ettende	ed deceased from
6. DATE OF BIRTH (mon	th, day, and year)	uly 24.	1874	I last saw-H elive	on april	25 ,13.	; death is seld
7. AGE Years 60	Months 9	Deys 1	If LESS than I dey,hrs. ormin.	to heve occurred on the de The PRINCIPAL CAUSE O were as follows:			Date of onset
SAWYER, BDI 9. Industry or busin work wes don SAW MILL, Bi 10. Dete deceased le this occupatio	done, es SPINNER, A IKKEEPER, etc		me (years) It in this petion	Coule S	langre desités	our	Thrul 1935
12. BIRTHPLACE (city or (Stete or country)	BIRTHPLACE (city or town) Wva (Stete or country)		Other Contributory Caneer	of importance:		afri.	
≝ 13. NAME Ge	o Berry						
13. NAME Ge		,		Name of operation	1	Date of Wes there e	afril 3"
15. MAIDEN NAME	Ella. Lai			23. If death wes due to exte			
-)	or town) ntry)	Wva		Accident, suicide, or homic	ide? Lso	_ Dete of injury	, 19
17. INFDRMANT	ames Berry Cumber		đ	Specify whether injury occ	(Specify city urred In INDUSTRY, in I	or town, county and S HOME, or in PUBLIC	itale) PLACE,
18. BURIAL, CREMATION, Place Fort	or removal Ashby • W va	Date Apr	11 27,,19	B 5	ce)		
19. UNDERTAKER	ohn.C.Wolf Cumberlan	ord d. Md		24. Wes disease or injury in			
20 Septil 2	6,1933 Ola	ruey A	Meiss Registrar.	(Signed) // (Address)	6BQUC 33Va	and.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUDPAULV S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	RECORD.	PHYSI	Exact state	
MANGIN RESERVED FOR DINDING	PERMANENT F	I EXACTLY.	rly classified. E	cate.
TO LOV	A SI SIH	be stated	be prope	of certific
TA VECEN	G INK-TH	GE should	that it may	ns on back
MARGIN	UNEADIN	supplied. A	n terms, so	TION is very important. See instructions on back of certificate.
	LY, WITH	carefully	TH in plain	portant. S
	LE PLAIN	ad- plnods 1	E OF DEA	is very im
	-WRI	mation	CAUS	TION

N. B.-WRITE

V. S. No. 1

1. PLACE	OF DEATH			YLAND—	CERTIFICATE OF DEATH OF Treverse Registration Dist. No.	2706 askis	
Village or	City Cu	umberl	and. Md		No. 133.Arch. St st.	6-2 Ward	
Length of r	esidence in city o	r town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street a		
2. FULL N			y. Brant				
(a) Resid	ence: No.	133	arch (Usual place	of abode)	St. 6 - 2 Ward. If nonresident give city or town	and State	
PERSO	NAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1	
Male Male					21. DATE OF DEATH April 25.193	5 , 193	
5a. If marriad, wid HUSBAND of (or) WIFE of	owed, or divorced Anna	a. Bar	nt		22. OF HEREBY COSTLEY, That I attempt	dad deceased from	
6. DATE OF BIRT	H (month, day, an	nd year) f	eb. 28.]	1875	i last saw h les alive on Off 24, 190	S; death is said	
7. AGE 6	/aars	Months 1	Days 28	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at	Date of onset	
9. Industry of work in SAW M	nassion, or partic f work done, as S ER, BDDKKEEPER r businass in wh was dona, as SILK MILL, BANK, etc assed last worked cupation (month	MILL,	estern. R.Co		Ostes Donastia	West 199	
12. BIRTHPLACE (city or town) Md (State or country)					Other Contributory Causes of importance:		
13. NAME	Lenard	l. Bra	nt				
	CE (city or town) or country))	Md		Name of operation		
15. MAIDEN	NAME Mar	y Ric	e •		23. If daeth was due to extarnal causes (VIOLENCE) fill in also the follow		
15. MAIDEN NAME Mary Rice. 16. BIRTHPLACE (city or town)					Accident, suicide, or homicida? Date of injury Where did injury occur?	, 19	
17. INFORMANT (Addrass)	The		Brant rland. k	ld_	(Specify city or town, county and Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	State) PLACE.	
18. BURIAL, CREM	Rose Hi	OVAL	April.	.28.1935	Menner of injury		
19. UNDERTAKER (Address)		n.C.Wo nberla	lford nd. Md		24. Was disaasa or injury in eny way ralated to occupation of decaased? If so, specify		
20 FINE PORL	122 , 192	95 M	arney X	Melas Registrar.	(Signad) (M, Crevaste (Address) Cumb belland	md, M.D.	

3

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MARKEAN V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

DR.REYNOLDS

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No.

ds. How long in U.S. if of foreign birth? _____vrs. ____mos.___

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY. That ettended deceased from

The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence Date of onset

Neme of operation. Whet test confirmed diegnosis?_____ Was there an eutopsy?____

Accident, suicide, or homicide?______ Dete of injury_______ 19_____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Wes disease or injury in eny way related to occupetion of deceesed? If so, specify

DR . REYNOLDS

(Address)

1. PLACE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I

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Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08709
1. PLACE OF DEATH	23)
County Collagury	Registration Dist. No.
Village or City 7 rostlery Meh.	No. 68 Wood St. St. Ward
Length of residence in city or town where death occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mrs. Jennie, E.	7- 6/2/
	sampuec.
(a) Residence: No. 68 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Temale white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married widowed or divorced HUSBAND of	(1001)
(or) WIFE of These. Compbell	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, end year) Seft. 25, 1877	10 10 10 10 10 10 10 10
7. AGE Years Months Days If LESS than	I last saw he che elive on 4 18 1935; death is said to have occurred on the date stated above, at 11.552 m.
5 d I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
O T1	were as follows:
SAWYER, BOOKKEEPER, etc Houseway	Pulmanane title mulana
9. Industry or business in which	Pulmonary hemordiage.
work was done, as SILK MILL, SAW MILL, BANK, etc	
Shellf Ill fill?	V
10	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) - Production (State or country)	arteria Scleropes.
13. NAME Robert Walsh.	
(State or country)	Name of operation Date of
15. MAIDEN NAME MANY OF MARIE	What test confirmed diagnosis? Was there an autopsy?
T CONCRETE TO THE PARTY OF THE	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17 INFORMANT James Campfiell.	(Specify bity or town county and State)
(Address) 7 rostreums all	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place The Meny Date Seef 2 2, 1935	Nature of injury.
19, UNDERTAKER J. J. Deers J.	24. Was disease or injury in any way related to occupation of deceased? Las.
(Address)	If so, specify
20, FILED 4/19 1935 a.R. Walken	(Signed) 74.C. Lell . M.D.
Registrar.	(Address) Frostlung, M.d.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

3

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGAN V.S.			
Other contributory_causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08710
1. PLACE OF DEATH	(23)
County alled ances THIN GO	DRPORATE LIMITS Registration Dist., No. 4
Village or City Pour terland	No. Inemmal Hospitalst, 6 / Ward
14	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Audustal La	land on the state of the state
(a) Residence: No. 1214 West 32 (St., 6 - 2 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jennele What OR DIVORCED (write the word)	Cypr. 20, 193 5
	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND ot (or) WIFE of	22. A PI HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Ale 23 1919	1 I latersaw ber alive on Oper 20 1938: death is said
7. AGE Years Months Days If LESS than	- 1/ 1/- 0-0/2 -
15 3 2-7 1 day,hr.	THE PRINCE OF DEATH end leidted causes of importance
8. Trade profession or particular	Date of one of
NO SAWYER, BOOKKEEPER, etc.	O marine of
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jacobsky.
10 30. Date deceased last worked at 11. Total time (years)	Died three hours often being seems
this occupation (month end spent in this occupation year)	Trobably tubereldsise Curgo
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
E 13. NAME audusta Carale	
E O OALLO	Name of appretion
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Maries Martino	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary clarture 16. BIRTHPLACE (city or town) Stale	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Memorial Agsfular	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 6 1 4 4 4 4 4 T
Place It Ontrops and work 73, 193	Nature of injury
19. UNDERTAKER Imo Stem Inc.	24. Was disease or injury in any way related to occupation of deceased?
(Address) smithelped.	If so, specify
20. MIET Sul 221935 Harney ON Pleas	(Signed) Cufular Dan Dan D
Registrar.	(Audiess)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PIDEAU V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARVI AND-	CERTIFICATE OF DEATH 087	11
1. PLACE OF DEATH	MARTEARD	—— (F)	
County allegans	WITHIN CORP	ORATE LIMITS Registration Dist. No.	
an A.	and	No. 125 Oldlown /1d St. 6-	/ Ward
Orange Services	(1	death occurred in a hospital or institution, give its NAME instead of street and numb	per)
0.0		ds. How long in U.S. if of foreign blrth?yrsmos	ds.
2. FULL NAME John I	eland barr	William Committee the Committee of the C	
(a) Residence: No. 126 62	(Usualplace of abode)	St., Ward. If nonresident give city or town and Stat	e
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH	4
Male White	di sk	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		22. A J HEREBY CERTIFY That I attended dece	and from
(or) WIFE of		Meril (130 Mine 2	18
6. DATE OF BIRTH (month, day, and year)	il 1 1935	Hast saw him alive on a live of the the saw him alive on a live of the saw him alive on a live of the saw him a live o	eath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3m.	
0 0	0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER.		1	110 01 011901
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	more	nemalure	
work was done, as SILK MILL,			
SAW MILL, BANK, etc	11. Total time (years) spant in this	with	
year)	occupation	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town)	land		
	Kand		
14. BIRTHPLACE (city or town)	Vilson bace		
14. BIRTHPLACE (city or town) (State or country)	tva	Name of operation Date of	
	Fiele	What test confirmed diagnosis Was there an autop	sy?
I	ula-d	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Date of Injury	10
O 16. BIRTHPLACE (city or town).	uxa- g	Where did Injury occur?	, 13
17. INFORMANT Mrs. Binie	16:20 ···	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
(Address)	a ma	1:	
18. BURIAL, CREMATION OR REMOVAL	pl '10 '01	Manner of injury	
Place-It June Bull	Date afral 2 , 1985	Nature of injury	\
19. UNDERTAKER & Commenter	orge farm	24. Was disease or injury In any way related to occupation of deceased?	<u>()</u>
(Address)	gand, Ma	If so, specify A B AB (O) e 1 A P 11	
20. FILE Pril 2, 19.35 00	Registrar.	(Signed) (Address) 3 3 2	M. D.
If more ble		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE V. S. No. 1

PLACE OF DEATH	STATE OF	MARYLAND
County Collegany	(59) CERTIFICAT	E OF DEATH
	Registration	Dist. No.
Village or City Crus afternesson	St.: War	a nospital of institu-
2FULL NAME INF ELWOOD	Cashmon	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED: OR DIVORGED (Write the word)	16 DATE OF DEATH (Month)	(Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I a	1 1.19
(Month) (Day) (Year)	that Vlast saw humalive on . Offi	1984
7 AGE		ed above, at 11.30 P, m.
yrsmosds. ormin.		with 3 Ms
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry		
business, or establishment in which employed or (employer) Mand	(Duration)	yrsde.
9 BIRTHPLACE (State or country) Origanteen Mill	Contributory Secondary (Dyration)	ds,ds,
11 BIRTHPLACE	(Signed) (All 1934 (Address) Old	checken M.D.
OF FATHER (State or country) Olling Pa	*State the Discase Causing Death Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	n, or, in deaths from Injury and (2) Whether
of MOTHER Devally and Skelley	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	
OF MOTHER (State or Country) Cornsieles (1) UG.	At place of deathyrsmosds. In the	ne .ateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Informant) always A. Carrenau	Former or usual residence	
(Address) Orysablew Mill	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed H2V 1920V 1129 Common	20 UNDERTAKER	ADDRESS
If more branks are needed, address State Registre	ar, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

03712

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage "Exhaustion, "Marasmus, atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping Recommendations on statement of cause of death (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic or intercurrent) on Nomenclature " "Old Age, " "Shock, The nature of the injury, affection necd not be etc. The contributory valvular heart disease; etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—

	STATE (OF MAR'	YLAND-	CERTIFICATE OF DE	AIH 08713
1. PLACE OF	F DEATH			3	0
County	illegan	4	THEOMAS	Registratio	on Dist. No.
Village or C	ity Floath	tig)	nd	Nodeath occurred in a hospital or institution, give its NA	St., Ward ME instead of street and number)
Length of resi	dence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrsmosds.
2. FULL NAI	ME	Stell	lorn (assatt	
(a) Residen	ce: No	(Usual place	of abode)	St., Ward.	eut give city or town and State
PERSON	IAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICA	TE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Day) (Year)
5a. If married, widow HUSBAND of	ed, or divorced			22 . I HERERY CERTI	FY, Thet I attended deceesed from
(or) WIFE of				opil 7 th 1935 to	april 70 1935
6. DATE OF BIRTH	(month, day, and year)	spil 7.	1935	1 last saw Het Statton Colu.	7 4 , 1935; death is seid
7. AGE Yea		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. 3. The PRINCIPAL CAUSE OF DEATH and related covere as follows:	auses of importance
8. Trade, profes	ssion, or perticular vork done, as SPINNER, BOOKKEEPER, etc			Grewaline by	the plants
9. Industry or work was	business in which s done, as SILK MILL, L, BANK, etc			4,	
SAW MIL 10: Date decease this occur year)	ed last worked at pation (month and	11. Total ti spei	ime (years) nt in this upation		
12. BIRTHPLACE (cit (State or cour		trug. V	nd	Other Contributory Causes of importance:	atistas
13. NAME		V		130	710 00
13. NAME 14. BIRTHPLACE (State or	(city or town)			Name of operation. Dellury What test confirmed diagnosis?	Date of Ching- S S
15. MAIDEN NA	ME Margare	et Case	ectt	23. If death wes due to external causes (VIOL ENCE	
15. MAIDEN NA 16. BIRTHPLACE (State or	(city or town)	J.va-		Accident, suicide, or homicide?	
17. INFORMANT (Address)	raignet C	essatt	nud	(Specify city Specify whether injury occurred in INDUSTRY, in	y or town, county and State) HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	TION, OR REMOVAL	Date aki	il7 1935	Manner of injury	
19. UNDERTAKER(Address) /	Orgnes	Lassa	my L	24. Was disease or injury in any way related to occur	cupation of deceased?
20. FILED	, 19 2 J Q	.R. Tre	Uper Registrar.	(Signed) (Address)	ud nd
	· If more	blanks are needed, a	address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S.	No. z.

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	714
1. PLACE OF DEATH	DATE LIMITE (183)	111
County allegany	Registration Dist. No.	7
Village or City Cumbrel and	No. Allegary Hosp. St.	# Ward
Length of residence in city or town where death occurredyrs,mo	If death occurred in a horpity or institution, give its NAML instead of street and s. How long in U.S. if (foreign hirth? yrs.	mos ds.
2. FULL NAME Anna Commence	h.	
20001111	A OL A Mand	
(a) Residence: No. 12 3 Additional 12 (Usual place of abode)	4 St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Temple While middened	(Month) (Day)	, 193.) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That attends	ed decased from
(or) WIFE of fate folio lavaraugh	march 16 ,1935, to april 7	1935
6. DATE OF BIRTH (month, day, and year) - Man 2, 853	I last saw her alive on a rue 7 193.	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ (Q_3 Qm,	
82 2 1 1 5 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.		head
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	0 1 7011	10
	J'yels- Plefmin	192
10. Date deceased last worked at 11. Total time (years)		
this occupation (month and spent in this year) occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	meh
(State or country) Free and	Jutishus logenia	2.6
13. NAME pushial Oper		, 63,
13. NAME mshial yes	Name of operation Date of	
(State of country)	What test confirmad diagnosis? Was there a	n autopsy?
15. MAIDEN NAME Cellen Bauley 16. BIRTHPLACE (city or town) - 9	23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide? Data of injury	, 19
(State or country)	Where did Injury occur?(Specify city or town, county and S	State)
17. INFORMANT John Cowanaugh	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL CREMATION OR REMOVAL	Manage of interest	~~~~~~~~~~
Place It Catricky Data April 10, 1933	Manner of injury	
9 15. 6		
19. UNDERTAKER	24. Was disease or Injury In any way related to occupation of deceased?	
alilant Hi All	(Signed) P to week	M. D
20. FILES BRUL 9., 1923 Milley TV. Registrar.	(Address) (B) Sulemel	144
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	wat

7

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WAY 7 1001 11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	THER STATEMENTS BY PHYSICIAN
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Sund Carmander Ch

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1 1) (1 1) (1 1) (1 1) (1 1) (1 1)
County allegeng WITHIN CO	REGISTRATE LIMITS Registration Dist. No.
Village or City Lemkeland	No. allegang Has Lata St., 4 Ward death occurred in a population, give it NAME instead of street and number)
Length of residence in city or town where death occurred/_2yrsmos	death occurred in a propital or institution, give is NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Rose & Cochra	
(a) Residence: No. 220 - Research	St., / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH 193 C5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF (or) WIFE OF B	22. I HEREBY CERTIFY, Del attended deceased from
D 25-18-50	1990 to 1993
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last/saw h alive on
55 4 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Garage 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	newersnegr ;
SAW MILL, BANK, etc	<i>f</i>
year) occupation occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) bushiland	Olivi Countries of Importance.
(State or country) Inaryland	
E 13. NAME James Parrelle	
14. BIRTHPLACE (city or town) 9 reland (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Marguer Resmolds	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Masquis Ryndds 16. BIRTHPLACE (city or town) - 7	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. Richard Bender	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAG about benefits	Manner of injury
Place Villo Da Bate april 2 9,19 3 6	Nature of injury.
19. UNDERTAKE Jami Skin Inc	24. Was disease or injury in any way related to occupation of deceased?
(Address) fan lendond ma	If so, specify
20(FILE Opsil 2919.3 50 harvey H / Vers	(Signed) M.D.
Registrar.	(Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes | Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	716
1. PLACE OF DEATH		110
County allegany WITHIN CO	RPORATE LIMITS Registration Dist. No.	4
Village or City Land	No. 10 Talk St., death occurred in a horpital or institution, give its NAME instead of street and	3 Ward
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Carrie Cole		
(a) Residence: No. 10 4 Poster St	St. 3 Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev)	, 193 5 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Januarale & Cohe	22. CHEREBY CERTIFY, That I ettended	
6. DATE OF BIRTH (month, day, and year) 1851 7. AGE Years Months Days If LESS than	I last saw h alive on from the last saw h, 1931 to have occurred on the date stated above, at 7 from m,	.; death is said
8 4 h	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	V La rrhea	Date of onset
9. Industry or business in which		1935
SAW MILL, BANK, etc. Own home		
SAW MILL, BANK, etc		-3
12. BIRTHPLACE (city or town) Postspille (State or country)	Other Contributory Canses of importance:	3 yen
	(mury nephrit	
E //www.		
14. BIRTHPLACE (city or town) Cont Kman	Name of operation Date of	
15. MAIDEN NAME don't Kname	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	
17. INFORMANT Hay loge (Address) 102 Polk 14	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Hillerest empate afail 29, 19.86	Nature of injury	mr.
19. UNDERTAKER Pares Stein & ma	24. Was disease or injury in any way related to goodpetion of deceased?	
(Address) & leveland my	If so, specify	6
20. Guespel 29, 1935 Darvey N Vlues	(Signed) And Mark for the	/M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M.

STATE OF MARYLAND-	CERTIFICATE OF DEATH	717
1. PLACE OF DEATH	PORATE LIMITS (3)	1 4
County Allegary.	Registration Dist. No.	4
Village or City Comborland	No 107 Palpl	3 Ward
Length of residence in city or town where death occurred 32 yrs,	f death occurred ip a hospital or institution, give its NAME instead of street and meaning in U.S. If of foreign birth?	number)
2. FULL NAME Samuel G. Cop	,)3G\$.
(a) Residence: No. 127 Polls: (Usual place of abode)	St., 3 Ward.	C
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ale 23	
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND OF Carrie Smillen.	22. HEREBY CERTIFY, That I attended of	deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw har alive on afrago. 20.	: death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at	, ucatii is said
short 84 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trede, profession, or perticular kind of work done, as SPINNER, Ancholomy	agence Coma	Oate of onest
SAWYER, BOOKKEEPER, etc. Should have been been been been been been been be		1931
Q. Work was done as SILV MILL		
SAW MILL, BANK, etc		
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance: (Francis Nephnifi	1930
W 13. NAME Edward I Se		
13. NAME Idnard Cope 14. BIRTHPLACE (city or town)	Neme of operation	
(State or country) ingrand	What test confirmed diagnosis? Wes there an au	danis d
15. MAIDEN NAME Germinish Alsoh.	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Jerminiah Alsof. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
(State or country) inglumed,	Where did Injury occur?	
17. INFORMANT Alman Little . (Address) fambuland .	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Pleces Lumbate Mgs 73, 19 35	Nature of injury	
19. UNDERTAKER Roms Stein Inc.	24. Wes disease or injury in any way related to occupation of deceased?	
(Address) Combuland	If so, specify	
20. Rue Stil 251932 Mursey I Mars	(Address) Secretary Sund	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	71	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis >	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03718
1. PLACE OF DEATH	(W-d)
Village or City	le Summer Registration Dist. No. St., Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Baby Dans	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	HEREBY CERTIFY, That I ettended deceesed fr
DATE OF BIRTH (month, day, and year)	I last saw h. A. alive on Of 2 1933 death is si
AGE Years Months Deys If LESS than I day,	ware so follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Jemontore hom
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	bruces of
1D. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Vale Summer (State or country)	Dther Coutributory Causes of importance:
13. NAME A CONTROL D'AND	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Down Talking 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR BEMDVAL Place Date 193 193	Manner of Injury
19. UNDERTAKER Jacob Ttaling	24. Was disease or injury In any way related to occupation of deceased? 10
20. FILED 4/5, 19 QIR, Walker	(Signed) A. R. Walker M. (Address) Turker Turk
	T. 24TY N. Charles Street Baltimore Requesting T. S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02719
		1. PLACE OF DEATH	48)
M	should f OCCI	County allegony	Registration Dist. No. 6
	sho of O	Village or City nearly of enternance	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	> 00 +	Length of residence in city or town where death occurred 3 71s mos.	
	CORD, Every PHYSICIANS ict statement	2. FULL NAME Bertie (len 1)	uchworth
	ED.	(a) Residence: No.	St., Ward.
	RECORD. PHYSI Exact stat	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	RECO . PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
r h	LY .	Temple White OR DIVORCED (write the word)	(Month) (Day) (Year)
Z	A C T I	58. If marriad, widowad, or divorced HUSBAND of	//
5	MA A Iass	(Or) WIFE of Harry Michel	22. I HEREBY CERTIFY, That I ettended decasas from
BINDIN	EX EX Class	6. DATE OF BIRTH (month, day, and year) July 17 1886	I last saw h let alive on Left 18 , 1954; death is said
24	IS A PH stated H properly ertificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated above, at 4.4.4.4.m.
FOR	IS A PE stated E properly certificate	3 9 8 //3 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Q	HIS be be of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, atc	- A
RESERVED		9. Industry or business in which work was done, as SILK MILL,	varienma of retires afons of
ER	X /	SAW MILL, BANK, etc	
ES	1 m + 0	O 19. Date dacassad last worked at this occupation (month and year) spent in this occupation.	
	E. 7	12. BIRTHPLACE (city or town) (Mean) Western fort	Other Contributory Causes of importance:
N.	ADI. ed. s, so	(State or country) M d.	Logenera anema stout 19.
ARGIN	NF oplic erm inst	13. NAME Harmon Duckworth.	,
-	y sul ain t	4 14. BIRTHPLACE (city or town) day aconting	Name of operation Date of
V	TT pla	(State of country)	What test confirmed diagnosis keeping Relations there an autopsy? 13
	refu in tant	E COMM STATE	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
	LY	O 16. BIRTHPLACE (city or town), 17. Association (State or country)	Accident, suicida, or homicide?
	E BE	17. INFORMANT anna Bligging.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	무용되는	(Addrass) greater post of ma	
	FE Short	18. BURIAL, CREMATION, OR REMOVAL Pleca Philos Cerneteus. Date Charlet 19 30	Manner of injury
	-WRITE mation s CAUSE TION is	Pleca Hills Cemilley Date Coffee 4, 19 33	Nature of injury
0.1	CA	19. UNDERTAKER 7. 2. Oval	24. Was disease or injury in any way related to occupation of deceased?
S. No.	B	anila of astrubaber in	(Signed) MD
Α.	z (T)	20. FILED Registrar.	(Addrass) It elleruport, mid
		If more blanks are needed, address State Registrar, a	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.

TION is very Important. See instructions on back of certificate.

should state

of OCCUPA.

RD. Every item of infor-

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0	8	7	2	(
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1. PLACE OF DEATH . WITHIN COF	PORATE LIMITS TO
County	Registration Dist. No.
Village or City Cumberland Md	No. 205 Union. St St., 5 Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsyrs	
2. FULL NAME Charles Guy bl	bin
(a) Residence: No. 205 Which	St. 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH April 10 (Mogrh) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. IHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 23, 1893	I last saw h A alive on of 6, 19 35; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Wente myo Cardellis & prit
SAWYER, BOOKKEEPER, etc.	muse my courses apr
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	acuta bronchetis Aprilos
ш 13. NAME Henry Elbin.	mustar community
T NA	Name of aggresian
4. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsys?
15. MAIDEN NAME Amanda. Hamilton.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Amanda . Hamilton . 16. BIRTHPLACE (city or town) Md	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Silas Elbin. (Address) Cumberland. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bible Cemetery Date April . 12 . 1930	Nature of injury
Flinstone Md 19.UNDERTAKER John.C.Wolford	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cumberland • Md	If so, specify
Sobiel 11 105 Narvey NOrce	(Signed) 1. W. Chevasker M. D.
Registrar.	(Address) fremharland mil.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SHOTALLV-S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

CAUSE TION is

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ould of

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution give its NAME instead of street and number) How long in U.S. if of fareign birth? -Length of residence in city or town where death occurred mos. ____ds. 2. FULL NAME (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, at ______m 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were es follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Total time (years) spent in this this occupation (month and occupation ... Other Coutributory Causes of importence 12. BIRTHPLACE (city or town (State or country) HER FAT 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there en eutopsy?_. HER 15. MAIDEN NAME MAL 23. If death was due to external causes (VIOL ENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of injury______ 19___ 16. BIRTHPLACE (city or town) (State or country Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was diseese or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar. (Address) ____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of evilepsu 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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infor-OCCUPA 1. PLACE OF DEATH should County 2 Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME justead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? yrs. mos. ds. statement PHYSICIAN 2. FULL NAME ORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED (Month) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of × 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years If LESS than Months to have occurred on the date stated above, at 1 day,___ The PRINCIPAL CAUSE OF DEATH and related causes of importance min. were as follows Date of onset Ballrade, profession, or particular THIS NO kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.... PAT may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... occui 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and that occupation. vear) _____ Other Contributory Causes of importance 08 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis? 15. MAIDEN NAME HE 23. If death was due to external causes (VIOLENCE) fill in also the following: important in MOT car Accident, suicide, or homicide? Data of injury OF DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?. pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very (Address) 18. BURIAL, CREMATION, OR REMOV Manner of injur WRITE Nature of injury 24. Was disease on 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

IARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	5*
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year



V. S. No. 1

	STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
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17	3	4	6	t)	
0	-4		-		

1. PLACE OF DEATH	WITHIN CORPO	DRATE LIMITS (193)
County ALLEGANY Village or City CUMBERLAND)	Registration Dist. No. No. MEMORIAL HOSPITAL St., 6 / Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death of	occurredyrsmos.	. 3. ds. How long in U.S. if of foreign birth?yrsds.
(a) Residence: No. SELBYPORT	AY FRAZEE MARYLAND (Usual place of abode)	st., Ward. Darrett
PERSONAL AND STATISTICAL		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SI	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) MARRIED	21. DATE OF DEATH April 6. 193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of OLIVER	FRAZEE	(Month) (Day) (Year) 22. 7 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) SEF 7. AGE Years Months	PTEMBER 12 /90/	I last saw h alive on
33 6	2 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows. Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	JSENIFE 11. Total time (years)	Dout Pyslo Hrphitis &
this occupation (month and year) 12. BIRTHPLACE (city or town) MARYLAN (State or country)	spent in this occupation	other Contributory Causes of importance:
13. NAME FRANK HUMBERSON	V	Same of the same o
14. BIRTHPLACE (city or town) MARYLAN (State or country)	ID .	Name of operation what test confirmed diagnosis? Was there an aurops?
15. MAIDEN NAME ANNA GARD		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) MARY (State or country)	YLAND .	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT MEMORIAL HOSPIT (Addigs) CUMBERLAND,		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PAREMITTING OF REMOVED TO DOT	e apr 7, 1935	Manner of injury
19. UNDERTAKER & GS arrie	willeston	24. Was disease or injury in any way related to occupation of deceased?
20 FILED Sil 8, 1935 Ofus	Registrar.	(Signed) A AURUUS M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	11	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH Allegany		MIN CORPO	RATE LIMITS (49)	DrDeming Registration Dis	t. No.	4
Village or City Cumberla	nd. Md		No. Allegany		St.,	4 Ward
Length of residence in city or town where d	eath occurred		f death occurred in a hospital or institute. ds. How long in U.S. if of			
2. FULL NAME Lucy . Fu	1k					
(a) Residence: No. Kearnes	. Wva		St., Ward.		Δ.	
	(Usual place			If nonresident give		nd State
PERSONAL AND STATIST	. "			ERTIFICATE C		
Female 4. COLOR OR RACE White	5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH	April.2	3.1935	193
So If married widewed or diversed		-	**************************************	(Month)	(Day)	(Year)
5a. If marriad, widowed, or divorced HUSBAND of Harry . Fulk . (or) WIFE of			Christon	CERTIFY,		
6. DATE OF BIRTH (month, day, and year) Sep	t. 7.18	389	I last www h E R alive on	Smil ?	23 , 1935	
7. AGE Years Months 45 7	Days 16	If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete state. The PRINCIPAL CAUSE OF DEAT were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ног	use wife	Crente my	ocardi	te	Oats of onset
work was done as SILK MILL						
SAW MILL, BANK, etc	Sp:	time (years) ent in this cupation				
12. BIRTHPLACE (city or town)	Md		Other Contributory Causes of impo	rtanca: The cer	vix uter	i all
# 13. NAME Esron. Wils			/			
HE 13. NAME Esron. Wils 14. BIRTHPLACE (city or town) (State or country)	Md		Neme of oparation	/.	4	/
15. MAIDEN NAME EVA. Rei			23. If death was due to external cau	ses (VIOLENCE) fill In	also the followi	ng:
15. MAIDEN NAME EVA. ROLL 16. BIRTHPLACE (city or town)	1.	1.1	Accident, suicide, or homicide? Where did injury occur?			
17. INFORMANT Harry Fulk (Address) Kearnes AVA			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		tale) LACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Kearnes NVa	Data Apr	11.26,193	Menner of Injury			
19. UNDERTAKER John . C . Wolford (Address) Cumberland, Md			24. Was diseasa or injury in any w	ay related to occupetion	on of deceased?	No
16 Hitobrell 2 4,1935 7	Purney	Mer. Registrar.	(Signed) (Address)	Demin	7 60	M. I

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Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A STATE OF ALL V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

1. PLACE OF DEATH	3 BEATH (14.721)
County Cellgany	Registration Dist. No. 12
Vinage of City	St., Wa. If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Stillborn C	Vrsy
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) While OR DIVORCED (write the word)	21. DATE OF DEATH (Mo((th)) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. J HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	april 1st 1935 to april 1st 1935
6. DATE OF BIRTH (month, day, and year)	Hast saw hus porte of 14 1935; death is si
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:455m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Data of the same o
S. Irlade, Profession, of Particular Kind of Work done, as SPINNER, SAWYER, BOOKKEEPER, etc	- angendal nationalism
MOLE MAS COLIC AS SILE MILL.	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) occupation capation	
12. BIRTHPLACE (city or town) mislaud - md (State or country)	Other Contributory Causes of importance:
± 500000	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME DOUBLE Jueas	What test confirmed diagnosis?
15. MAIDEN NAME Scalelle Tuess 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Transle Gray (Address) migland of my	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place June 41 Date Upul 2, 1936	Nature of injury
19. UNDERTAKER M. Richow	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Longuery hyd	If so, specify
20. FILED agas. 2, 19 35 OR) Slabi	(Signed) A- MA COUNTY M.
Registrar.	(Address) - Milliam - ha

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH STEEL CORPORATA should County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?_____yrs.____mos._ 2. FULL NAME CORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIXORCED (write the word) (Month) (Oav) (Year) BINDING 5a. If married, widowed, or divorced HUSBANO of CERTIFY That I attended deceased from (or) WIFE of 6. OATE OF BIRTH (month, day, and year) certificate properly 7. AGE FOR Months Oaya If LESS than to have occurred on the date stated above, at 1 day, hrs. The PRINCIPAL CAUSE OF OEATH and related causes of Importance or min. were as follows: Date of onset 8. Trade, profession, or particular, RESERVED kind of work done, as SPINNER Jo SAWYER, BOOKKEEPER, etc ... plnods may back 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc 10. Oate deceased last worked at 11, Total time (years) this occupation (month and that spent in this year) _____ occupation __ instructions ARGIN 12. BIRTHPLACE (city or town) __ ... (State or country) FATHER 13. NAME See 14. BIRTHPLAQE (city or town (State or country) What test confirmed diagnosis? Was there an autopsy? HER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Oate of injury______ 19 16. BIRTHPLACE (city of town) (Stete or country) Where did injury occur?_____ (Specify city or town, county and State) OF D Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE should 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOV. Menner of Injury CAUSE NOIL Nature of Injury. 24. Was diseese or injury In any wey related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) (Address)

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S. No.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــا		

rte *	-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09797
infor- state	2 6	1. PLACE OF DEATH	PORATE LIMITS 93-C
No and	3	County allegues WITHIN COR	Registration Dist. No.
		Village or City Bunkeland	" M// 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
- W		(If Length of residence in city of town where death occurred 38 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?
RD. Every		J.11.	now long by 0.5. It of foreign birth? yrs. mos. ds.
ICI		2. FULL NAME hellomo In. gnil	
		(a) Residence: No. / 2 7 Suffitted (Usual place of abode)	St., Ward. If nonresident give city or town and State
	3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE .	i	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
L LY		Temple White married	(Month) (Day) (Year)
IDING MANEN A C T 1		5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
MA A A		(or) WIFE of Harry Great	22. I HEREBY CERTIFY. That I attended deceased from
BINDIN FERMANI EXACI		6. DATE OF BIRTH (month, day, and year) all 6 1871	I last saw her alive on Oril 1935; death is said
	certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR IS A I stated	rtif	63 m 7 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	_	8. Trade, profession, or particular kind of work done, as SPINNER.	Myo cartety Pate of onset
五 出		kind of work done, as SPINNER, Househufer SAWYER, BOOKKEEPER, etc. 9. Industry or husiness in which	Catebral Amorrhage 7 days
KK_T Should	back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
EN SH		U 10. Date deceased last worked at this occupation (month and spant in this	Chronic myocarditie. Puration cost two
REG I	Su	year) occupation	Other Contributory Causes of Importance:
. 4		12. BIRTHPLACE (city or town)	Other Countries of Importance.
GIN FADI ied.	tru	(State or country) Kemburgery	
IARGI UNFA supplied		13. NAME Walham Treys	
TH TH TH Sun y Sun		14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
			What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
2 Lane	4.3	I Wall	23. If death was due to external causes VIOLENCE) fill in also the following:
Id be car	por	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
De be		17. INFORMANT Thurs Gave	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
E PLA	very	(Address) Combistand mi	
Sh		18. BURIAL, CREMATION OR REMOVAL	Manner of injury
WRITE	Z	Place Cap STALL Date Upril 8 , 1935	Nature of injury
1 -W] mat	TION	19. UNDERTAKE Jamo Steen In	24. Was disease or injury in any way related to occupation of deceased?
B. B.	1	(Addies) for hyland med	If so, specify
S Z (()	20. FILEDOUL 3, 135 Makely N Merce	(Signed) aug 7: M. D.
	-	Registrar.	(Adress) Cumula Vau A
		13 more vianas are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U.S. No. 1.

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i	Example II	
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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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PHYSICIANS should state

stated EXACTLY. properly classified. Ex

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.-WRITE PLAINLY

certificate.

See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

	0			
0	2	7	2	8

1. PLACE OF DEATH		[29]
County Allegan	WITHIN COR	PORATE-LIMITS Registration Dist. No.
Village or CityCumbe	erland, Nd.	No. Memorial Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or tow	n where deeth occurredyrs	mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Eliza	abeth Harclerod	
(a) Residence: No. Hyr		St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	ATISTICAL PARTICULAR	
Female White	5. SINGLE, MARRIED, WIE OR DIVORCED (write the Single	
5a. If merried, widowed, or divorced HUSBANO of		
(or) WIFE of		22. HEREBY CERTIFY, Thet ettended deceased from
		af 1), 19.55, 10. Cy ref 20, 19. 3.5
6. DATE OF BIRTH (month, dey, and yea 7. AGE Years Mo		I lest saw here elive on 1930; deeth is seid to heve occurred on the date steted bove, et 30 m m
12 7	1 dey,	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
2 Trade profession or particular	23 or	min. were es follows: Quata ol one et
8. Trede, profession, or particular kind of work done, as SPINI SAWYER, BOOKKEEPER, etc.	NER, Student	- Hayand Core
9. Industry or business in which		2 July aritis
SAW MILL, BANK, etc	School	of Madely 15
10. Date deceesed last worked et this occupation (month and	11. Totel time (yeers) spent in this	
yeer)	occupation 6	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town)	ryland	
13. NAME N N H	arclerode	,
4	Fenna.	Neme of operation 2 years tony for abate of pette
(Stete or country)		Whet test confirmed diagnosis? Labor Sless Wes there et autopsy!
15. MAIOEN NAME Grace 16. BIRTHPLACE (city or town)	e Light	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Maryland	Accident, suicide, or homicide? Dete of Injury19
(Stete or country)		Where did injury occur?
17. INFORMANT Memoria (Address) Cumberlai	l Hospital	(Specify city or town, county and Slate) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL		Menner of Injury
Alegnimum.	79 Dete 4 - 22	, 19.3.5. Neture of injury
is more Ofind	1 Sider	24. Wes disease or injury In eny wey releted to occupation of deceased?
19. UNDERTAKER (Address)	Hundwan Pa	If so, specify
alesono	120/1 4/1	(Signed) fiftheliam M.D.
20 THE STATE OF THE 1939	Va January VIII	egistrar. (Address)
		The state of the s

V. S. No. 1

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1921	Run over by street car	1 week ago
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	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIA	N
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V. S. No. 1

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	V722
1. PLACE OF DEATH	VITHIN CO	RPORATE LIMITS 9	4100
County Malegan	7	Registration Dist. No.	4
Village or City	Aesland	No. 315 trederiche St.,	-/Ward
Length of residence in city or town where	(レノ)	death occurred in a hospital or institution, give its NAME instead of street and How long in U.S. if of foreign birth?	
2. FULL NAME MANAGE	set Elizabeth	- Himmelienicht	
(a) Residence: No. 3/5	redirich 82	St. 4 Ward.	
	(Usual place of abode)	If nonresident give city or town and	d State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
female White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	., 193 4 (Year)
5e. If married, widowed or divorced HUSBAND of (or) WIFE of	Immelwinght	22. I HEREBY CERTIFY, That al ettended	deceased from
6. DATE OF BIRTH (month, day, and yeer)	11/9 18611	l last saw h elive on Chil 17 1911	death is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, atm.	
74 -	9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER,	Home - No		26 2 4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	vi insuringe	of press y three	- grass
SAW MILL BANK atc			A
10. Date deceased last worked at this occupation (month end year)	11. Totel time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town)	Savage O	Other Contributory Canses of importance:	
(State or country)	ma.	Stabiling Cleaning	1 year
# 13. NAME	Mager	Inflant	- /
14. BIRTHPLACE (city or town)	10	Name of Speration Dete of	
(State of Country)	P+	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	1 min	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following	*
O 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of injury	, 19
(State of country)	, in	Where did injury occur? (Specify city or town, county and St.	ate)
17. INFORMANT Travelo 104 (Address) Consol	montherright	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place And	1 Date Up 21, 19 35	Manner of injury	
19. UNDERTAKER Irmo Ster (Address) Irmuler	n Inc	24. Was disease or injury in any way related to occupation of deceased?	en
20. Fifebril 19, 135	ereny of Plana.	(Signed) 4 24 Museum Coloress) 41 24 Coloress	M. D.
If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	L

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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BUNGA			
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	WRITE HAINLY, WITH UNFADING INK-THIS IS A	ery item of information should be carefully supplied. ACE
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	3	ery

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County allegans	CERTIFICATE OF DEATH
		Registration Dist, No. /
	9 11	
	Village or City (No	St.: Ward) (If death occurred in a hospital or institu-
	le la Himan	tion, give its NAME in- stead of street and
	2FULL NAME 10 10 11 11 11 11 11 11 11 11 11 11 11	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
	ON DIVORCED WIDOWCA	(J) XX 0 , 1920
	(Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	august 2 , 1851	1100 to (4) 1920
	Month) (Day) (Year)	that I last saw h Manalive on Manalive on 1920
	7 AGE	and that death occurred on the date stated above, at J.U
	73 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
	OCCUPATION O O O	1.1 2.111. F.
d	(a) Trade, profession or	- from alphrens
-	particular kind of work 1, 1 (b) General nature of industry	
1	business, or establishment in	(Duration) J. yrs. mos. ds.
	which employed or (employer)	Contributory Lepotates facultura
-	9 BIRTHPLACE (State or country)	Secondary
	I 10 NAME OF 1	(Duralion) yrsds.
	FATHER ME att. 4 At MILES	(Signed) M. D.
	11 BIRTHPLAGE	4 (92) J(Address) J. M. Saray C. M.
	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	TIZ MAIDEN NAME	Accidental, Suicidal or Homicidal.
100	of MOTHER Just an Johnson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
7	13 BIRTHPLACE	At place In the
	OF MOTHER (State or Country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	P. 1 11 4 7	Former or usual residence
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) gut aval na	Int Javage mrs. aprile 8, 1935
	15 11/ 1024 AAR To the 80 8	20 UNDERTAKER ADDRESS
1	Filed 19230 19230 Registrar	the NouseX Thisteria me
1	If more blanks are needed, addre a trate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJURY " "Weakness," etc., when a definite disease cough; Chronic valvular heart disease; Example: Measles (disease "," "Coma," "Convulsions, affection need not be etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

certificate.

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	item	sho	0 30
	HIS IS A PERMANENT REACRD. Every item	be stated EXACTLY. PHYSICIANS shou	the meaning of any of the order of the of
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ____ds. How long In U.S. if of foreign birth?_____yrs. (a) Residence: No. (Usual place of abode) If uonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Oay) (Year) 5a. If married, widowed, 95 divorced HUSBANO of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) death is said 7. AGE Years Months **Oavs** If LESS than to have occurred on the date stated above, at I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ___. Other Coutributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FATI 14. BIRTHPYACE (city or town (State or country) What test confirmed diagnosis? ----- Was there an autopsy?__ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?.... (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Address) /D. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed). Registrar. (Address)

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1.1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

for suther	ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN	see letter.
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V. S. No. 1

TION is vory important. See instructions on back of certificate.

	STATE C	F MAR	YLAND-	CERTIFICA	ATE (OF DEA	TH	02735
1. PLACE OF DE		HTIW	IN CORPORA	(93-2	Registration	DI. OM	ens
Village or City	Cumberlar	nd. Md		No. 1076.	Ella.	Ave	C4	0 -3 Ward
Langth of rasidance in	city or town where	laath occurred		f death occurred in a hospi				
2. FULL NAME		.Jones			0.0 01	Totalgii bittii		IIIV3
(a) Residence: No	1096	6000	1 Auc	St.6 -3 War	d			
``		(Usual place			u	If nonresident	give city or town	and State
PERSONAL A	MED	ICAL CE	ERTIFICATE	OF DEAT	Н			
Male 4. co	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF D	EATH	April.l	3 th.19	35 , 193(Year)	
5a. If married, widowed, or d HUSBAND of AT (or) WIFE of	nanda. Jo	nes		22. 10v. 1 HE	REBY	CERTIF	Y. That Latte:	nded deceasad from
6. DATE OF BIRTH (month,	day, and year)	ct. 26.	1854	I last saw h	live on a	haif 1	, 19	
7. AGE Years	Months	Days	If LESS than	to heve occurred on the			O Pm	
80.	5	16	I day,hrs. ormin.	The PRINCIPAL CAUS ware es follows:	E OF DEATH	H and related cause	s of importence	Date of onset
Trade, profassion, or kind of work dor	ODIMATED	I.G.Tayl	or	10-6		Mr.		1 Calion
- CA SVALEN, BOOK	KEEPER, atc			Chro	me	rugo	consta	
SAW MILL, BAN						<i>Q</i>		1932
this occupetion (year)	month and	11. Total ti spai	me (years) nt in this pation				••••••	
12. BIRTHPLACE (city or tow	(n)	Va		Other Contributory Cas	uses of impor			
(Stata or country)	agu	tu	dela	Cueten				
T 13. NAME	Paul. W.	Jones						
13. NAME 14. BIRTHPLACE (city or (State or country)	Name of operation What test confirmed did	/	Ene	Date Was there	of an autopsy? Le			
15. MAIDEN NAME D				23. If daath was due to e		ses (VIOL ENCE) fill		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIDEN NAME DONT KNOW 16. BIRTHPLACE (city or town) (Stete or country)				Accident, suicida, or ho Where did injury occur	omicide?L			, 19
17. INFORMANT Viola. Jones (Addrass) Cumberland. Md				Spacify whether Injury		(Specify city or I INDUSTRY, in HOM	own, county and ME, or in PUBLIC	State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL PRACTICAL TO SERVICE PROPERTY OF THE PROPERT				Manner of Injury				
				Nature of injury				
19. UNDERTAKER John.C. Wolford (Addiess) Cumberland. Md				24. Was disease or injury in any way related to occupetion of dacaased?				
20 Auchtel 15	,1934	arund	Registrar.	(Signed)(Address)_	no	332	re	M.D.
	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Ba	stimore, Requ	westing V. S. No.	I.	

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Example 1	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Perilonilis .	3 days ago		
BURES NO CO	I I A				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	1				

ADDITIONAL SI	PACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

B.

(Address)

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08737
1. PLACE OF DEATH County Allegary WITHIN COR	REGISTRATE LIMITS REGISTRATION Dist. No.
	No. Jank & Utal To St. 6 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurred 47 cyrs mos 2. FULL NAME man for Kanl	ds. How long In U.S. if of foreIgn birth?yrsmosds.
(a) Residence: Np. 856 Inaugustand a (Usungstand of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of from France.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I last saw h alive on A 1934; death is said to have occurred on the date stated above, at 1304m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	Chronic nephritis, Durotino: not stated. day:
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance: Brgurin him and animal about
(State or country) (State or country) (State or country) (State or country)	arterialy her
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Citate or country)	Name of operation
15. MAIDEN NAME Mariah (Jabanan) 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
17. INFORMANT (Address) V30 Y3vnd Sh. 18. BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
Place Me toll Cempate apr. 5, 1935	Manner of injury
10 HNDEPTAKER Komo Stem Ina	24. Was disease or injury in any way related to occupation of deceased?

Registrar.

If so, specify

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PARTITION S.	<u> </u>		All and the
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A PROPERTY OF THE PROPERTY OF			

B.—WRITE PLA

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
item of	should	of OC		
Every	CIANS	ement		-
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NT RE	LY.	l. Exa		
MANE	ACT	lassified		
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(LY) W	e carefu	ATH in	portan	
PLAL	onld b	OF DE	TION is very important. See instructions on back of certificate.	
VRITE	ation sl	AUSE (ON is	
T	H	C	E	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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0	8	7	3	S

1. PLACE OF DEATH CountyAllega	nΨ	WI	THIN CORPO	DRATE LIMITS	(127) Registration 1	Diet No.
Village or CityCumb	erland		(li yrs, √mos	r death loccurred in a norbita	rial Hospita	1 St 6 - / W
2. FULL NAME Sar	ah Kay	e				
(a) Residence: No. Pa	w.Paw,	(Usual place	of abode)	St.,Ward		give city or town and State
PERSONAL AND ST	TATISTICA	L PARTI	CULARS	MEDIC	CAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR Female White		OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DE	April 2	21, 193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert	Kave			Maroy	REBY CERTIFY	Y. That I attended deceesed I
	Months	t. 7.	1870 If LESS than 1 dayhrs.	to have occurred on the	date stated above, at 8 :- 5	DA, 19.3.5; death Is
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc Housework			The PRINCIPAL CAUSE were as follows:	OF DEATH and related cause	Date of on	
9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	ILL,			Oh Cf	falt.	La man
1D. Date deceased last worked at this occupation (month and year)			Other Contributory Caus	es of importence:	19.	
(State or country)	Herri					
14. BIRTHPLACE (city or town) (State or country)				Name of operationC		Was there en phopsy?
15. MAIDEN NAME Ellen Kerns 16. BIRTHPLACE (city or town) W. Va. (State or country) 17. INFORMANT Memorial Hospital.			23. If death wes due to ex Accident, sulcide, or hom Where did Injury occur?	ternal causes (VIOLENCE) fill	in also the following:	
(Address) 18. BURIAL, OREMATION, OR REMOVA Place Control	rland,	Md.	3 3-, ₁₉ 35			
19. UNDERTAKER E. Paw (Address) Paw	Pan	ks.	of Va.	24. Was disease or injury If so, specify		tion of deceased?
(20. Rh. 10 21 2 2 , 10 33	- N.W.	ulls ()	Y LILLAN Registrar.	(Address)	Comba	elend inf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02739
1. PLACE OF DEATH WITHIN CORP.	OPATE LIMITE (Q)
County allegany.	Registration Dist. No.
Village or City Ism Serland	No. 100 Reflects St., 6-3Ward
Langth of rasidence In city or town where death occurred 10 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs
2. FULL NAME Frederick & Kern	N
(a) Residence: No. 100 Robush	St. 6-3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DUORCED (write his word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. / IMER 5-BY CERTIFX, That Dattended deceased from
(or) WIFE of	april - 8 1935 10 grad -13 1930-
6. DATE OF BIRTH (month, day, and year) Oct. 9. 2/86/	Cast saw have alive on Affrication 12 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 m.
74 -6 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER,	acute repurites god 2.19.
SAWTER, DDDKKEEPER, 81G.	Kobol Mullionia lipel 2.49
work was done, as SILK MILL,	· · · · · · · · · · · · · · · · · · ·
D. Data deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) drankshire Co	Other Countributory Causes of Importance.
(State or country)	
13. NAME L'ENSIS Perso.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
T 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O To. DIRTHIPEROE (City of town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) Constitution (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
Place Place Lemonal Lemona Al. 15.19.35	Manner of injury
110000000000000000000000000000000000000	Nature of injury
19. UNDERTAKER Zomo Stany Inc	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify Allerson
20 regoldel 15, 1935 Marcely Char	(Signed) NO D. (Address) 213 Ya all by Lywberkund Mile.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH County Ollege or City Mattern of Mon. No. No. No. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town whare death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Viliage or City		108
Langth of residence in city or town whate death occurred Oyrs	County allegency.	Registration Dist. No.
Length of residence in city or town whate death occurred Pyrs. mes. 2. FULL NAME (a) Residence: No. 1 PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCE, MARRIED, WIDOVED, or R. DEATH 4. COLOR OF RACE 5. SINCE, MARRIED, WIDOVED, owner the word) 6. DATE OF BIRTA (month, day, and year) 7. AGE Yest Months Deys 11 LESS than 1 day	Village or City Westernfort	No. St Ward
2. FULL NAME (a) Residence: No. 1 3 (Curan) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DYNORED OWN: the word) 5a. If maried, widowad, or drovgoed Hissanib of (as) will o		
(a) Residence: No	0 0. 0 11.	os. now long in 0.3.11 of foraign birthiryrs,mosas
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) 7. AGE 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPHINER, Manual State of work done, as SPHINER, SAWMILL, BANK, state. 8. Sindlestry or bosiness in which say, and year) 8. Trade country) 8. Trade, profession, or particular kind of work done, as SPHINER, SAWMILL, BANK, state. 12. BIRTHPLACE (city or town) Manual State) 13. Indicative or bosiness in which ship coccupation months and year) 14. BIRTHPLACE (city or town) Manual State) 15. BIRTHPLACE (city or town) Manual State) 16. BIRTHPLACE (city or town) Manual State) 17. INFORMANT 18. It saw bar an auriopsyr. 18. It saw bar an auriopsyr. 19. What test confirmed diagnosis? What add injury occurred in INDUSTIN, in HOME, or in PUBLIC PLACE. What add injury occurred in INDUSTIN, in HOME, or in PUBLIC PLACE. What add injury occurred in INDUSTIN, in HOME, or in PUBLIC PLACE. What add inj		MA
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, WIDWED OR DIVORCED (write the word) 5. If married, widowad, or divorced HISSAND of (Dep) 103, 5 104, 104, 105, 105 105, 107 105, 107 107 108 109 109 100 100 100 100 100	The state of the s	
Sa. If married, widowed, or divograd (or) Wife of Shura Africa (or) W	PERSONAL AND STATISTICAL PARTICULARS	
HUSBAND of (or) WIFE of Joshua (1994) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than 1 day, hrs. of have occurred on the date stated above, at. 12 m. 8. Trade, profession, or particular states of importance wife as follows: SAWYER, BOOKKEEPER, at which work was done, as SILK MILL, SAWYER BOOKKEEPER, at which work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which were as follows: 10. Quite decased last worked at 11. Total time (years) spent in this occupation of the decased as work was done, as SILK MILL, SAWYER, BOOKKEEPER, at which were as follows: 11. Total time (years) SAWYER, BOOKKEEPER, at which were as follows: 12. BIRTHPLACE (city or town) Mean of the decased of importance where as follows: 13. NAMDE NAME 14. BIRTHPLACE (city or town) Mean of the decased diagnosis? What test confirmed injury occurr? What did injury occurr? What did injury occurr? What did injury occurr? What did injury occurr? Name of operation. What did injury occurr? What did injury occurr? What did injury occurr? What did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. What did injury was related to occupation of dacasead? If so, specify the was decay to injury was related to occupation of dacasead? If so, specify the was decay to injury was related to occupation of dacasead? If so, specify the was decay to injury was related t	Female White OR DIVORCED (write the word)	april 24 1935
7. AGE Years Months Deys If LESS than I day, his. or min. 8. Trade, profession, or particular to find of work done as SPINNR, SAWYER, BOOKKEPER, at the find of work done as SPINNR, SAWYER, BOOKKEPER, at the find of work done as SILK MILL. 9. Industry or business in which work was done as SILK MILL. SAW MILL, BARN, sic. 10. Quite deceased last worked at this occupation (month and year) and occupation. State or country) 11. Total time (years) spent in this occupation (month and year). 12. BIRTHPLACE (city or town) Man 1 / 3 S occupation. State or country) 13. NAME C Was that a an autopsy? 14. BIRTHPLACE (city or town) Man 1 / 3 S occupation. State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Man 1 / 3 S occupation. State or country) 17. INFORMANT Social or country 18. BURTHPLACE (city or town) Man 1 / 3 S occupation. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Neture as Televate as the mean and passed in the case and in the case	HUSBAND of	22. THEREBY CERTIFY That I attended decased from
8. Trade, profession, or particular kind of work done, as SPINNER, for min. 9. Industry or business in which work was done, as SPINNER, flust o work of the flust of the flust work of the flust work was done, as SPINNER, flust of the flu	6. DATE OF BIRTH (month, day, and yaer) Settil 18 4 3	I last saw bar ellva on manel fre 185; daath is sald
B. Trade, profession, or particular were as follows: Sawyer BookketEra ac.	7 200 000	to have occurred on the dete stated above, at. P. m.
8. Irade, profession, or particular in this of the profession of particular in this occupation of the profession of the profession which work was done, as SILK MILL, SAWYER, BDOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc. 10. Date decased last worked at this occupation of this occupation of this occupation of this occupation of this occupation. 12. BIRTHPLACE (city or town) Mean 1' for this occupation of this occupation of this occupation. 13. NAME		were as follows:
SAWTER, BUDKREFER, atc. 9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BARK, atc. 10. Date decased last worked at this occupation of many and the securation of the s	8. Trade, profassion, or particular kind of work done, as SPINNER.	Date or onest
SAW MILL, BANK, stc 10. Date decased last worked at this occupation (State or country) 12. BIRTHPLACE (city or town) Mean 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	SAWYER, BDOKKEEPER, atc. Sy aug work	Oser nummer (pres)
this occupation (month and year)	work was dona, as SILK MILL, SAW MILL, BANK, atc	Dreen Grace Yapy 14 10
12. BIRTHPLACE (city or town) Place 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	this occupation (month and	
(State or country) 13. NAME	12 RIPTHPLACE (city of town) Mean 1' Keypler-	Dthar Contributory Causes of Importanca:
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) And Accident, suicide, or homicide? Dete of Injury, 19. (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Dete of Injury, 19. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Neture of injury 19. UNDERTAKER (Address) 16. So, spacify What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Was disease or injury in any way related to occupation of dacaasad? If so, spacify (Sized)		Large Teach of
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) And Accident, suicide, or homicide? 17. INFDRMANT (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address)	(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
Whara did injury occur? 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place	15. MAIDEN NAME - Bailey	
Whara did injury occur? 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place	[16. BIRTHPLACE (city or town) Not - known	Accident, suicide, or homicide? Dete of Injury, 19
17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Manner of injury Neture of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Address) (Address) (Address) (Address)	(State or country)	Whara did injury occur?
Place Mysh Grant Date My 7, 1935 Neture of injury 19. UNDERTAKER (Address) (Address) (Address) (Signed) (Signed) (Signed)		Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19. UNDERTAKER (Address)	10 160 -	
(Address) Barting MA. If so, spacify (Signed)	news Heidmont Will Date of M 7 1930	Neture of injury
and allowenhabar and (Simon) (Simon)		
	20. FILED apri. 76, 193 ly tayinhaber m.	(Signed) M. D. M. D.
Régistrar. (Address) - Le Menter W. In 1st more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

3

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BUNEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
7			

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE LIMITS ®
County allegany;	Registration Dist. No.
Village or City Carolinand.	No. All St., If death occurred in a horpital or institution, give its NAME instead obstreet and
Length of residence in city or town where death occurred yrsmo	0 /1
2. FULL NAME Stillharm Gian	marra 11.11
(a) Residence: No. (Usual place of abode)	St., Ward. An Valle of the St., If nonresident give city or town an
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2/ (Day)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended
(or) WIFE of	, 19, to
6. DATE OF BIRTH (month, day, and year) April 21, 193	Tlast saw h alive on
7. AGE Years Months Oays If LESS than I dey,hrs	to have occurred on the dete stated above, atm,
willbarn ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
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SAW MILL, BANK, etc	-
year) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	Joetus (3 Moulhs
13. NAME Lloyd Smith	
14. BIRTHPLACE (city of town) La Vale 9	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an
15. MAIDEN NAME Northy hungred	23. If death wes due to external causes (VIOL ENCE) fill In also the following
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and St
17. INFORMANT ANY SMALL	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P
12-QUELAL, CREMATION OF REMOVAL	Manner of injury Criminal aborter
Place Steering Condent Tate My 20 19 5:	Nature of injury
19. UNDERTAKER Arming Stepn Incl.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Implanted	If so, specify
20. FILE DELL 22,35 BASAULA VILLE	(Signed) Aures 1. Charles

ME instead of street and number)

ent give city or town and State

FY, That I attended deceased from

.....; death is said

..... Was there an autopsy?_____

fill In also the following:

or town, county and State) HOME, or in PUBLIC PLACE.

Date of onset

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RUPPAU V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			10.0

Spith

mgle

V. S. No. 1

DR.C.L. OWENS

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

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Example 1	-	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No. 1

DURRETT

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STATE OF STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1466	

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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08748
County allegary ity limit	Registration Dist. No.
	183 C/2/2//
Village or City Juvale md	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whara death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME (ligate V) Dertha	miller
(a) Residence: No. Gara ale Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH gth
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of WIFE of Thiliph Miller	22. I HEREBY CERTIFY. That I attended deceased from 1934, to April 8 th, 1935
6. DATE OF BIRTH (month, day, and year)	I last saw hes aliva on April 8 9 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3:10 a.m.
4.6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Housewarks. SAWYER, BDOKKEEPER, etc. Housewarks.	Data of onset
9. Industry or business in which work was done, as SILK MILL,	Caremonea of Vulva Sept. 3.
SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and year) specific his occupation	
8 6.00.00	Dther Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) — ——————————————————————————————————	
I 13. NAME Leo 9 Hodel	
14. BIRTHPLACE (city or town) Brankerland	Name of operation Revisival of man Date of 2 /3/3)
(State or country) Mass and	What test confirmed diagnosis? Con Que Docume Was there an autopsy? No
15. MAIDEN NAME Elizabeth & Horlane	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Nelson County	Accident, suicide, or homicide? Data of Injury, 19
E (Stata or country)	Where did injury occur?
17. INFORMANT Assemble Miller (Address) Family med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Treammannt Wate april 10, 193 5	Natura of injury
19. UNDERTAKERALIE Stein Em	24. Was disease or injury in any way related to occupation of deceased?
(Address) & bullend may land	If so, specify
20. FILED Still 9, 19. 95 Characy of Meis Registrar.	(Signed) Charlotte N, vorpher M. C. (Address) Charlettand M. C.
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7

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MUSICALL VI &			
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ADDITIONAL SPACE FOR FURTHER STATEM	MENTS BY	PHYSICIAN
-------------------------------------	----------	-----------

02749

RPORATE LIMITS Registration Dist. No	4
AL HONS.PITAL St., (Il death occurred in a horpital nr institution, give its NAME instead of street a	Ward
(2)	
St., Ward. If nonresident give city or town	and State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH APRIL 29 1935 (Monthly (Day)	, 193 (Year)
22. I HEREBY CERTIFY, That I attand	
I last saw h alive on, 19	; death is said
to have occurred on the date stated above, at 4 : 15	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
of Suplus	?1938
Other Coatributory Causes of importance:	
- Phoulio- Junimonia	4-20-35
Name of operation Date o What test confirmed diagnosis lussicil Was there a	
23. If death was due to external causes (VIOL ENCE) fill in also the follow	
Accident, suicida, or homicida? Data of injury Where did Injury occur? (Specify city or town, county and Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC	, 19
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
Manner of Injury	
Nature of injury	
24. Was diseasa or injury In any way related to occupation of daceased?	
If so, specify (Signed)	
(Address)	M. D.

7. S. No. 1

item of infor-

OCCUPA

1. PLACE OF DEATH

County Alangua IV

Village or City_CUMBERLAND_MD

STATE OF MARYLAND—CERTIFICATE OF DEATH

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N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. TARGIN RESERVED

V. S. No. 1

County Allegany Registration Dist. No.	STATE (OF MARYLAND—	CERTIFICATE OF DEATH 027	750
Village or City Length of residence in city or toys where depth occurred a yri mes. Length of residence in city or toys where depth occurred a yri mes. A yrow long in U.S. if of foreign birth? Yri mes. A yri of foreign birth? Yri one mes. A yri of foreign birth? Yri of	1. PLACE OF DEATH	WITHIN COR	PORATE LIMITS OF (201-C)	
Langth of residence in city or toys where death occurred. 2. yrs. 3. mos. 4s. How long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs.	County Allega	sry o		
Length of residencial noily or loyar where death occurred. 2. FULL NAME (a) Residence: No. (b) Classify processed about St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE 5. SI, DIVORCED (write the world) 5. If married, wideword, or processed processes in Wischard or (Nov) 6. DIVORCED (write the world) 5. If married, wideword, or processes in Wischard or (Nov) 7. AGE 7. A	Village or City Thought			Ward
(a) Residence: No. Closed place of abode	Length of residence in city or town where	death occurred A yrs. 3 mos	dealing counter in a hospital of mandaton, give no training material of street and	nosds.
(a) Residence: No. Closed place of abode	2. FULL NAME	seph Of	Mills	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE ORD ORD OR BACE ORD		Midland	St Ward	
21. DATE OF DEATH 3. SIM married, wideweder, prilyvorgers 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, 5. DATE OF DEATH 3. SIM married, wideweder, prilyvorgers 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, 5. DATE OF DEATH 3. SINGLE, MARRIED, WIDOWED, 5. DATE OF DEATH 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, 5. DATE OF DEATH 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, 6. DATE OF DEATH 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, 6. DATE OF DEATH 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, 6. DATE OF DEATH 4. COLOR OR BACE 6. DATE OF DEATH 4. COLOR OR BACE 6. DATE OF DEATH 6. DATE OF DATE OF DEATH 6. DATE OF DEATH 6. DATE OF DATE OF DATE OF ORD IN SINGLE, DATE 6. DATE OF DATE OF ORD IN SINGLE, DATE 6. DATE OF DATE OF ORD IN SINGLE, DATE 6. DATE OF DATE OF ORD IN SINGLE, DATE 6. DATE OF DATE OF ORD IN SINGLE, DATE 6. DATE OF DATE OF ORD IN SINGLE, DATE 6. DATE OF DATE OF ORD IN SINGLE, DATE 6. DATE OF DATE OF ORD IN SINGLE, DATE 6. DATE OF DATE OF ORD IN SINGLE, DATE 7. DATE OF DATE OF ORD IN SINGLE, DATE 7. DATE OF DATE OF ORD IN SINGLE, DATE 7. DATE OF DATE OF ORD IN SINGLE, DATE 7. DATE OF DATE OF ORD IN SINGLE, DATE 7. DATE OF DATE OF ORD IN SINGLE, DATE 7. DATE OF DATE OF ORD IN SINGLE, DATE 7. DATE OF DATE OF OR	(a) Residence. No.	(Usual place of abode)		d State
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Registrar. (Address) Analming Inst.	Ohan Date	a This		
			(Address) Throwning Inst.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Plane i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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BINDING	THIS IS A DEPMANENT
FOR	TCA
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RESE	TIME OF
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7	TITI

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLA

V. S. No. 1 N. B. TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02751
1. PLACE OF DEATH	
County Negarage -	Registration Dist. No.
Village or City Frust Vary 9 -	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME AND OWNER (A)	111
n VIII	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTII (month, day, end year) and 211-1935	i iast saw h alive on A 19 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date dated above, at
lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
O Nade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	1
work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
10. Date deceased last worked at this occupation (month end year)	
Ala Huisa Da	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Y (1) The first of the little of the littl	
E	
4. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME ANGULA DECOME 16. BIRTHPLACE (city or town) AND ON THE ORDER (State or complete)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CLAMBON AND AMOUNT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlaceDate19	Nature of injury
2000	24. Was disease or injury in any way Mted to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
The ser alles	(Signed) TOST MD
20. FILED 1930 A Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	180V 7 1905	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	REIREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		CERTIFICATE OF DEATH	50
County allege	any wITH	Registration Dist. No.	
Village or City	corning	No. St., (If death occurred fin a hospital or institution, give its NAME instead of street and number	
Length of rasidence in city of town where o	death courredyrs	mos. 3 ds. 190 long in U.S. If of foreign blrth?	ds.
2. FULL NAME	in g. fl	none	
(a) Residence: No.	(Usual place of abode)	Ward. If nonresident give city or town and State	;
PERSONAL AND STATIST		/	
Gemale White	5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	(Month) (Day) (193)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of	hild	22. at I HEREBY CERTIFY, That I attended dacea	ased from
6. DATE OF BIRTH (month, day, and year)	11 4.193	I last saw, bush 3 aliva on CAM. 13 T ,1925; dea	ath is said
7. AGE Years Months	Days If LESS 1 day,	S than to have occurred on the date stated above, at/m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	non	Date of the contract of the co	to of onset
		of tae	
SAW MILL, BANK, etc	11. Total time (years) spent In this occupation	nort 3E.	
12. BIRTHPLACE (city or town)	maconina	Other Contributory Canses of importance:	
(State or country)	maylah	id ;	
13. NAME Joseph	S. Herone)129'	
13. NAME OSefulu 14. BIRTHPLACE (city or town) 4. (State or country)	Maryland	Name of operation Date of What test confirmed diagnosis? Was there an autops	
15. MAIDEN NAME Back	Bittinger	23. If death was(due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	maryflan	Accident, suicide, or homicide? Date of Injury, Where did injury occur?	. 19
17. INFORMANT Lesepha	1 Devol	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Old Cersel Court	tey Date Opil 15,1	Manner of injury	
19. UNDERTAKER MALE COMPANY (Address)	bellow of	24. Was disease or injury In any way related to occupation of deceased?___\	
20. FILED at 15 (135) E.	on Tyloria	(Signed) Henry M. Hoogs r	M. D

STATE OF MADVI AND CEDTIFICATE OF DEATH

3

r Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. x.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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ADDITIONAL SPACE FOR FURTHER ST	FATEMENTS	BY	PHYSICIAN
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V.	V. S. No. 1		5	ARGIN	RES	ERVE	Q	FOR I	IARGIN RESERVED FOR BINDING	or be
z	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	CALY,	WITH	UNFADI	NG IN	VK-TI	HIS	IS A P	ERMANE	7
1.	mation should be carefully supplied. AGE should be stated EXACTL	be care	fully s	upplied.	AGE	plnods	pe	stated	EXACT	=
T	CAUSE OF DEATH in plain terms, so that it may be properly classified.	EATH in	n plain	terms, so	that	it may	pe	properly	classified	
1	TION is your important Con instructions on had of restificate	monto	nt Co	inchmine	· ouoi	Jook a	of o	artificat	9	

1. PLACE OF DEATH County Clerany	Registration Dist. No.
Village or City Fromburg md	No. Multing Identital St., Wa f death occurred in a hospital or institution, give in NAME instead of street and number)
Length of rasidanca in city or town whera death occurredyrsmos	s / 7 ds. How long in U.S. if of foreign birth?yrsmas
2. FULL NAME Sara movus	
(a) Residence: No. Octube - Mills (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH about 3 10, 193 (Year)
a. If marriad, widowed, or divorcad	(Month) (Day) (Year)
(or) WIFE of Cumbrose morris	22. I HEREBY CERTIFY, That I attended deceased from the 21st 1935, to april 3 1935
. DATE OF BIRTH (month, day, and year) Sept. 15- 1867	i last saw h. L. alive on abut 3 , 1930; deeth is s
. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10.30Pm.
67 6 18 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and falated causes of importance
8 Trada profession or particular	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Consensona Just 1/1/3
9. Industry or businass in which	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacasad iast worked at his occuration (month and	
10. Data dacaasad last worked at this occupation (month and spant in this	
year) occupation T.	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Maryland	other country curves of hipportunes.
(Stata or country)	
13. NAME Joseph heuse	
13. NAME heuse 14. BIRTHPLACE(city or town)	Nama of operation Date of
(Stata or country)	What tast confirmad diagnosis? Was there an autopsy?
15. MAIDEN NAME Centerous	23. If daath was dua to axtarnal causas (VIOLENCE) fill in also the following:
(Kester 1840	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Character A. A. A.	Whare did injury occur?(Specify city or town, county end State)
7. INFORMANT COMPANY SACOUS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chicago, Sell, 8. BURIAL, CREMATION, OR REMOVAL	
Place Blevider Date 4/6 1935	Mannar of Injury
riace, 1900	Nature of Injury
9. UNDERTAKER M. Wellbrown	24. Wes diseese or injury in any wey releted to occupation of daccasad?
(Addrass), Langumen M	If so, spacify
10 FILED 4/5 19 35 O.R. Fracken	(Signed) M Course
Registrar.	(Addrass) - midland - m

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

carefully d DEATH pe plnous OF AUSE mation

OTHER

15. MAIOEN NAME

important.

LION

16. BIRTHPLACE (city or town) -----(State or country) Where did injury occur?___. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury.... 24. Was diseaso or injury)in eny way related to occupetion of deceased

19. UNOERTAKER (Address)

> Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify (Signed)

23. If death was due to external causes (VIDLENCE) fill in also the following:

(Specify city or town, county and State)

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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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8

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02756
1. PLACE OF DEATH	(120)
County allegany	Registration Dist. No.
Village or City Frostling	No. 203 Mable St./ Ward
	death occurred in a hospital or institution, goe its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Selly Chun Mu	ufolig.
(a) Residence: No. 203 Quasole.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WOOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the grord)	Upril 29 1930
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended daceased from
(6) //// (6)	april 28, 1933, to april 29, 1935
6. DATE OF BIRTH (month, day, and year) Way 25. 1930	Hast saw her elive on Copy 24 , 1935; death is said
7. AGE Years Months Pys If LESS than	to hava occurrad on the data stated abova, at 9 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:
9 Trade profession or particular	Cause Unknown - Child Oata of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	died in roso-motor
9. Industry or business In which work was dona, as SILK MILL.	aslapse, Had been
work was dona, as SILK MILL, SAW MILL, BANK, etc	nometing for 5 days prior
	to heing I seen by the
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Jwalling	and not had homes
(Stata or country)	morement for 3 days.
14. BIRTHPLACE (city or town). Garrett Country:	There was no inflammatory
2 14. BIRTHPLACE (city or town). Garrett County.	Name of operation Conduction on Date of alterna
(Stata of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME Clara agnes Uninch	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) garlet tounty	Accident, suicide, or homicide? Oate of Injury, 19
(Stete or country)	Whare did injury occur?
17. INFORMANT Unarion Wurshy	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Froothers Olever.	***************************************
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place McMengels Class. Oate May 2, 1935	Natura of injury
19. UNDERTAKER Jacob aler	24. Was disease or injury in any way related to occupation of daceased?
(Addrass) Frooting Tus.	If so, specify
20. FILED 5/2 1934 GIP, Stacker	(Signed) M.D. M.D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

3

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BUREAU V S			
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Gallstones	May 1,1923	Gastroenteritis	1 year

Manner of Injury Nature of Injury

If so, specify (Signed)

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(Apdress)

Registrar.

24. Was disease or injury in any wey related to occupation of deceased?

LION

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

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V. S. No.

20. FILED.

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Registrar.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

(Yaar)

Data of onset

Was thera an autopsy?.

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	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July5,1927 Peritonitis Other contributory causes of importance:

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND—	CERTIFICATE OF DEATH 02760
1. PLACE OF DEATH	WITHIN CORPOR	BATE LIMITS (49.P.)
County Milegan	2	Registration Dist. No.
Village or City Comments	stands (1)	No. 1310 Setantition, give in NAME instead of street and number)
Length of residence in city or town whera deel	th occurred yrs mos	ds. How long in U.S. if of foreign birth?
2. FULL NAME STATES	re Gray O	Hord -
(a) Residence: No. 1310 Le	finsty	St.6 - Ward.
	(Usua place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
Henrale White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	011	
(or) WIFE of Charles C	Hnd	22. HEREBY CERTIFY That attended deceased fro
e DATE OF BIRTH (month day and man)	06 1 1876	I last saw h. elive on Office 19 death is sa
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at 2 0 m.
Star 15 8	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	. 1	Date of ones
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	msemple	allecer Julgon
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. ID. Date deceased last worked at		
1D. Date deceased last worked at this occupation (month and yeer)	II. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Hund	smille of	Other Contributory Causes of Importance:
	, //	
13. NAME 14. BIRTHPLACE (city or town)	onsiger	010110
14. BIRTHPLACE (city or town)	Ind.	Nama of operation Data of
15. MAIDEN NAME		What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	nown	23. If death was due to axternel causas (VIOLENCE) fill in also the following:
[Ostete or country]	no hours	Accidant, suicida, or homicida? Date of injury, 19 Whare did injury occur?
17. INFORMANT Charles (Address)	4 grady	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	11	
04-77	Date UNV17, 1935	Nature of injury
19. UNDERTAKER Romo Sta	and Inc	24. Was disease or injury in any way related to occupation of deceased?
(Addiass)	gland .	If so, specify
26 Photosel 17, 1935 The	keelef Hacas Registrar.	(Signed) M. (Apdress) Co. (Appress)
If more bla	inks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Kequesting V. S. No. 1.

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02761	
1. PLACE OF DEATH	PRATE LIMITS (6)	
county allegances	Registration Dist. No.	
Village or City Lumberlastel Md	No. 216 Thomas St. 6 - 2W	ard
(If Langth of residence in city or town where death occurred 3.6 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mos	de
2. FULL NAME Shire Dunall O-	2 last	.us.
(a) Residence: No. 216 Thomas St	St. b- Ward.	
(d) nestuetice. No. (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Van) (Yan)	
5a. If marriad, widowad, or divosced HUSBAND of (or) WIFE of John M. Dadgett	22. HEREBY CERTIFY, that I attended deceased for	rom
6. DATE OF BIRTH (month, day, and year) Ann. 1. 18624	Hast sw h aliva on the 19 1935; death is:	sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 19 m.	
70 8 18 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	
8. Trada, profassion, or particular kind of work done, as SPINNER,	Date of on	301
SAWYER, BOOKKEEPER, etc.	- Chemones ala	af
work was done, as SILK MILL, SAW MILL, BANK, etc.	195	5
10. Date dacaased last worked at this occupation (month and spent in this occupation occupation occupation	() Druis (10)	
Mashington DC	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) 6 10 accounts (State or country)	Olemnal melinte.	
13. NAME Colin Qual	·	
13. NAME Cour Surall 14. BIRTHPLACE (city or town) Mary Lawre	Name of operation Date of	
(State of country)	What tast confirmed diagnosis? Clinary Was there an autopsy? Le	D.
15. MAIDEN NAME Some of Skopkages 16. BIRTHPLACE (city or town) Mary July Skopkages	23. If death was due to external causes (y OLENCE) fill in also the following:	1
5 16. BIRTHPLACE (city or town) Mary Color	Accident, suicida, or homicide?	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT The m. hadgett	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Cneln?	
Place Most Auth Caron: Date 10 - 13, 1920	Nature of Injury	
19. UNDERTAKERATINO Stein Josa.	24. Was disaase or injury in any way related to occupation of deceased?	
(Addrass) smhylands.	If so, spacify	
20. FILEO Philips, 1835 Of alleger Mines.	(Signad) (Address) 4.33 Da uu	1. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	<u> </u>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

			OF MAR'	YLAND-	CERTIFICATE OF DEATH	32
1	L PLACE OF I	Allegany	1.0.41	THIN CORF	ORATE LIMITS 82-0	,
	County			THIN COR	Registration Dist. No.	
	Village or City_	Cumberla	and. Md		No. Alganquin. Hotell St., f death occurred in a hospital or institution, give its NAME instead of street and number	Ward
	Length of residence	ce In city or town where	death occurred	yrsmo	sds. How long in U.S. if of foreign birth?yrsmos	er) ds.
2	. FULL NAME	Thomas	J.Patt	erson.		
(CONTROL OF		No. Olige	Qual place	of abode)	St., Ward. If nonresident give city or town and State	mo
		AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male	White	5. SINGLE, MARI OR/DAYORCED Mari	write the word)	21. DATE OF DEATH April 4.1935 , 193	Year)
5a.	If married, widowed, (HUSBANO of (or) WIFE of	Minnie. Pa	atterson	•	22. /I HEREBY CERTIFY. That I attended dacaa	
6. 1	DATE OF BIRTH (mon	th, day, and year) Oc	t. 9.18	59	I last saw h . & . alive on	1920
	AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 5 Amm.	111 15 5410
	75	4	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Trade, profession, or particular kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, atc. SAWYER, BOOKKEEPER, atc. SAW MILL, BOOKKEEPER, atc. SAW MILL, BANK, etc. SAW MILL, BANK, etc.			Signal C S.Armey			de la
0	O ate deceased last worked at this occupation (month and year)			t tn this	Other Contributory Chuses of importance:	
12. BIRTHPLACE (city or town)Md(Stata or country)					Other Contributory Enuses of Importance:	
ER	13. NAME	James Patt	terson		The state of the s	
13. NAME James Patterson 14. BIRTHPLACE (city or town) Va (State or country)					Name of operation Date of	
ER	15. MAIOEN NAME Anna. Leasure				What test confirmed diagnosis? Was thara an autops 23. If daath was due to extarnal causes (VIOLENCE) fill In also the following:	/!
MOTHER	16. BIRTHPLACE (city or town)				Accident, suicide, or homicida? Date of injury,	19
17. INFORMANT Minna. Patterson. (Address) Cumberland. Md					(Specify city or town, county and State) Specify whethar Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL PlaceHillCrist Date April. 7.1935				1.7.1935	Manner of injury	
19. UNDERTAKER John . C. Wolford (Addrass) Cumberland. Md					24. Was disease or injury in any way related to occupation of deceased?	
20	Hoperel 4		ruey	Registrar.	(Signed) / / / All fall filler of	M. D.
		If more l	blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

3

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02763
1. PLACE OF DEATH	DEPENDATE LIMITS (73)
County Allegan	Registration Dist. No.
Village or City Berland	No. Rear) about 30 Green St., Ward death occurred in a horpidal or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jeone Z.	20mgl
(a) Residence: No. 124 M. Ah selande	St., 21 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (at) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed from
6. DATE OF BIRTH (month, day, end yeer) 1868	
7. AGE Years Months Deys If LESS then	to heve occurred on the date stated ebove, atm.
6 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:
1.8 Traffe profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clark- Relines	accidental Herring 4/25/
9. Industry or business in which work was done, es SILK MILL Will will will will will be saw MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc. 11. Total time (yeers) spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
II 13. NAME	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diegnosis legree & Was there en autopsy?
15. MAIDEN NAME	23. If deeth wes due to externe causes (VIO) ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide cerebrate of injury
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT . The control of the c	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plechase Ibild lance Dete May 2, 19.3.5	Nature of injury
19. UNDERTAKER LOUIS Stain Land	24. Was disease or injury in eny wey releted to occupetion of deceesed?
(Address level, M.d.	If so, specify
2004 DE Jane Jane Markeline Registrar.	(Address) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CERTIFICATE OF DEATH 02764
1. PLACE OF DEATH County ALLEGANY WITHIN CORPOR	ATE LIMITS
Village or CityCUMBERLAN D	No. MEMORIAL HOSPITAL St 6 -/ Warr
Langth of residanca in city or town whare death occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and number) s. 13 ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME PIPER HALLIE MRS	yis
(a) Residence: No. TERRA ALTA W VA	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEMALE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (parite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of J F PIFER	22 HERETY CERTIFY. That I attended deceased from Cyrul 13 7, 193) to Pyrul 26, 1935
6. DATE OF BIRTH (month, day, end year) Dec 9, 1915	i las saw her aliva on Opul 26, 1935; death is said
7. AGE Yaars Months Oeys If LESS then 1 day,hrs.	to have occurred on the data stated bove, at (1-4-7-2-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or godinity	wera es follows: Oate of one et
o Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. HOLSEWIFE	40
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Relumpted
SAW MILL, BANK, etc	Complexion
12. BIRTHPLACE (city or town) West Virginia (Stata or country)	Other Contributory Canses of Importanca:
# 13. NAME MORGAN NINE	april 13- 35
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME BLANCHE PARK	What tast confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME BIANCHE PARK 16. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also tha following: Accidant, sulcide, or homicide?
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MARVLAND	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL; CREMATION, OR REMOVAL	Manner of Injury
Place July Clark Place 1/6 1933	Natura of Injury
19. UNDERTAKER Xele (Address) Giller Son Jerry alley Ma	24. Wes disease or injury In any way related to occupation of daceased?
20. FILED 4 196 , 1935 Maruly N Lees Registrar.	(Signed) Cueur M. D. (Address) Clear Fuland 11 Cl
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.	Re	gistr	ation	Dist.	No.
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SI-	PLACE OF DEATH	STATE OF MARYLAND
王四	County LL LLL	CERTIFICATE OF DEATH
, ed.	000	Registration Dist. No.
ACTL lassif	Village or City M. (No.	St: Ward) (If denth occurred in a hospital or Institution, give its NAME instead of street and
X O O	2FULL NAME KI Chard Wyander	number.)
ated boberly certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCE DELICATION (Write, the word)	(Month) (Day) (Year)
ma ma	6 DATE OF BIRTH Husband of fine that	17 I HEREBY CERTIFY, That I attended the deceased from
st it ns ol	mach 30, 1867 (Month) (Day) (Year)	that I last saw have alive on April 2 nd, 1921,
ACE tha	7 AGE (Month) (Day) (Tear)	and that death occurred on the date stated above, at / 1,24. A.m.
s so tru	/ C	The CAUSE OF DEATH * was as follows:
rms	6) yrs. 0 mos. 0 ds. or min.?	Carcinona If lip and
sup n te	(a) Trade, profession or	31 110.00
lly siair	particular kind of work (b) General nature of industry	6 pM hours
in p	business, or establishment in which employed or (employer)	(Duration) mos ds.
SATH impor	9 BIRTHPLACE Q LA	Contributory Human Secondary
W	(State or country) My avage my	(Dyration), yrs mos ds.
F D	10 NAME OF FATHER	(Signed) M. D.
hoi o s	11 BIRTHPLACE	april 40 1905 (Address) Mr & arry & mai
ion s AUSE	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
matic e CA	of MOTHER Hawroh Treally	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
stat	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the Stateyrsmosds.
400	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
in o	a. hard forth	Former or usual residence
Every item o CIANS shoul statement of	(Informant) White Harry The Court	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
AN	(Address) Mt Javato & Ing	mx sarage ma lipuly, 1000
m O m	15 Filed 4/6 1985 A. Bostitly M.	20 UN DERTAKER

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR SI WITH UNFADING INK--THIS WRITE

RECORD

PERMAN BINDIN

K

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and ehildren, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. atic), causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underean be ascertained as the cause. Always qualify all Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the eontributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. JRD. Every item of infor-N. B.—WRITE PLANKY, WITH UNFADING INK—THIS IS A PERMANENT KE

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH WITHIN CORPOR	MIE LIMITS (S20)
County Allegany	Registration Dist. No.
Village or City Combuland	No. 706 4. Center St., 2 Ward
1/ 2	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. N of foreign birth?yrs,mos, ds.
2. FULL NAME Chrostopher Price	
(a) Residence: No. 7069: Content	St., 2. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, (OR DIVORCED (write Marword)	21. DATE OF DEATH 30
male While married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. That attended deceased from
mum wins.	1933 to 444 30 1933
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h M. alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at b
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	apollogy arebral
4. Industry of Dusiness in Which	1 Tomaloreus P
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at 11. Total time (years)	Charles and
this occupation (month end spant in this year) occupation	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Pulmoray Course
13. NAME Inchael It Price	ω
13. NAME Inchael H Proce	Name of operation One Of Oate of
(State of country)	What test confirmed diagnosis? Frating + My Was there an autopsy? No
15. MAIOEN NAME 16. BIRTHPLACE (city er town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Robert Once	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Selecish in Dato Spray 3, 1935	Nature of injury
19. UNDERTAKER Lamo Stein The	24. Was disease er injury in any way related to occupation of deceased?
(Address) Compaled	If so, specify
20. Explan 21, 19.25 Us Latt Hrankling	(Signed) M. D. (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	à	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	15 4 4000	Other contributory causes of importance:		
Unitationes	May 1,1923	Gastroenteritis	1 year	



N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02767
1. PLACE OF DEATH	
County allegan	Registration Dist. No.
Village or City Frankling	No. 173 E. Union St. Ward
(If Length of residence in city or town where deeth occurred (10 mos. mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
0 00	ds. How long in U.S. If of foreign birth?mosds.
011	es)
(a) Residence: No. 1/3 6. Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (with the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH april 16 , 193 5 (Year)
HUSBAND OF Elizabeth Rees	22. I HEREBY CERTIFY. That I attended deceased from april 1975, to april 44, 1975
6. DATE OF BIRTH (month, day, and lear) aug 14, 1871	I last sew han alive on april 16, 1936; deeth is said
7. AGE Years Months Days If LESS then 1 dey	to heve occurred on the dete steted above, et
63 8 2 ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Weat A-ealer SAWYER, BOUKKEPPER, etc.	Colonora Restra
9. Industry or business in which	Resemblyed Commotors
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10: Date deceased last worked et this occupation (month and	K
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Ballimore (Stete or country)	Other Contributory Causes of Importance:
13. NAME & van W. Rees 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
	Whet test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME Eliza Wallsung. 16. BIRTHPLACE (city or town).	23. If deeth wes due to externel causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city nr town, county and State)
17. INFORMANT CONCUS CADINGS 171 & Churous	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Telegany Date Of 19, 19.35	Menner of injury
19. UNDERTAKER Jacob dafer (Address), Fronthing Mud	24. Wes disease or injury in eny way related to occupetion of deceesed?
20. FILED 4/19 , 1955 a. R. Walken	(Signed) W- alfer V h Duna M. D.
Registrar. If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evennle II

Example 1		Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURFALLWE					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

B.—WRITE PLA

ż

V. S. No. 1

D. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02768
1. PLACE OF DEATH	112
County Allgamy, WITHIN	CORPORATE LIMITS OF Registration Dist. No.
Village or City & Multiplining	NoSt.,Ward
- 1/ W- //	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Colinabeth Roise	laft
(a) Residence: No. I antacoming, Iruglas of	Evest. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (fear)
oa. If married, widowed, or-divorced HUSBAND of (or) WIFE of Adolph Reichelt	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF OURTH ()	18st saw h alive on 19 death is sa
DATE OF BIRTH (month, day, and year) June 3, 86	to have occurred on the date stated abova, at 1/ P, m.
73 18 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	were as follows: Date of once ahr,
SAWYER, BOOKKEEPER, etc.	to aente gastretis
Industry or business in which work was dona, as SILK MILL,	0
SAW MILL, BANK, etc	
this occupation (month and 11/1935 spent in this occupation lougher	
BIRTHPLACE (city or town)	Other Contributory Causes of importanca;
(State or country) Maryland	
13. NAME Muchael Smith	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy? 1
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or is PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Och Sill Comothy Date Copiel 14, 1933	Nature of injury
UNDERTAKER MICOSOFILIANI	24. Was disease or injury In any way related to occupation of deceased?
(Address) Genarming, Mg	If so, specify
0. FILED 14 135 2. Von Fylling,	(Signed) I fly the later M.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastrocnteritis	1 year		

PHYSICIANS should state -WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED AGE should be mation should be carefully supplied.

V. S. No. 1

1. PLACE OF DEATH	(104-6)
County County County	Registration Dist. No.
Village or City and Surange	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whara deeth occurred 4-8-yrs	nosds. How long In U.S. if of foreign blrth?yrsmos
2. FULL NAME Sollbhine King	Ceruay)
(a) Residence: No	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX OF 14. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (sprite the word)	Month) (Day) , 1930 (Yaar)
a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. / HEREBY CERTIFY, That I attended decaased for
(or) WIFE of	- Grad 24 1935 to April 27 193
DATE OF BIRTH (month, day, and year)	I lasy saw h M alive on MM 127 1935; death is
. AGE Yaars Months Days If LESS than	
18 6 8 1 day,h	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trada, profession, or particular	Date of on
kind of work done, as SPINNER hind tectory Worker SAWYER, BOOKKEEPER, etc hind tectory Worker	1 Aritotrontologuestis
C N. 9. Industry or business in which	
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importanca:
2. BIRTHPLACE (city or town) Western por Mo	DI IN DO
(State or country)	- suroge 13 raw of USA
13. NAME TOTAL (CITY OF TOWN).	Sudden Death
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ALEMANTER NOTION 16. BIRTHPLACE (city or town) Workington Co-	23. If daeth was dua to extarnal causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Woo hunglou	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Collsworth Riggleman (Address)	(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place ALL WOLLDGR JUA Date agree 36 , 193	Nature of Injury
9. UNDERTAKER Joseph Dursk	24. Was disaase or injury in any way ralated to occupation of dacaasad? No
(Addrass) Haaltrug his	If so, spacify
20. FILED 7 27 , 1938 AT & Bratistis W. Registrar.	(Signed) (Address) NA Darrie had

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

certificate.

mportant.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH County ALLEGANY Village or City	Registration Dist. No.
Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME WILMA SAUSMAN	6 HOURS
(a) Residence: No. 74 ORMOND ST FROSTBIR	G_ASDWard.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
FEMALE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH APRIL 3. 1935 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. LHEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and year) FEBRUARY II 1916 6. AGE Years Months Deys II LESS than I 9 / 22 of day,hrs.	I last sw h alive on April 3. 160 3. 1935; death is said to have occurred on the date stated above, et. IO:55. P.M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Alphaleure; accompany - Lak 13 ing Septie sore throat eng. 53. General pyerie condition & multiple of seesses a Seesal
2. BIRTHPLACE (city or town)MARYLAND(State or country)	Other Contributary Causes of Importance: weekildurston.
13. NAME EDWARD SAUSMAN	shirtowage 1955
f 4. BIRTHPLACE (city or town) MARYLAND (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
f5. MAIDEN NAME EVA GNAGEY f6. BIRTHPLACE (city or town) MARYLAND (Stete or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MD.	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Charleswille Carpate Ugr. 7, 1935	Manner of injury
9. UNDERTAKER Joseph Jo	Nature of injury 24. Was disease or injury In any way related to occupation of deceased? Jf so, specify
0. FILED 4, 1935 Dakely A Class	(Signed) M.D. (Address) D. Amband M.D.

DR.C.L. OWENS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Vi	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
crebral hemorrhage July 5,192		Peritonitis	3 days ago		
MAY 7 1905					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

HER

MOT

19. UNOERTAKER

LION

Female

STATE OF MARYLAND—CERTIFICATE OF DEATH

PLACE OF DEATH	WITHIN COP	PORATE LIM	173	(93.e.)		087	71
County Allegany				(6.6)	Registration Dist. No).	4
Village or City Cumberland.	Md	No.	18	Grand	auce	St 6	-2Wa
		(If death occurred i	n a hosp	ital or institution	, give its NAME instead	of street and	number)
Length of residence in city or town where death	occurred yrs.	ds1			oreign blrth?yr		10sd

(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,

11. Total time (years)

5a. If married, widowed or divorced HUSBAND of Stanley.

(or) WIFE of Sears

White

Sept. 4.1856 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than 78 1 day.____hrs. or min. 8. Trade, profession, or particular PATION At Home kind of work done, as SPINNER.

SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc....

10. Oate deceased last worked at this occupation (month and

occupation ... Va. 12. BIRTHPLACE (city or town) (State or country)

John.Copp FATHER 13. NAME Va

14. BIRTHPLACE (city or town). (State or country)

Rizer 15. MAIOEN NAME

16. BIRTHPLACE (city or town) (State or country) John . K. Sears

17. INFORMANT R.F.D.3 City (Address)

18. BURIAL, CREMATION, OR REMOVAL April.16.19

John.C. Wolford Cumberland. (Address)

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

1 HEREBY CERTIFY. That I attended deceased from

to have occurred on the date stated above

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Oate of onset

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 Where did injury occur?...

(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury.

24. Was disease or injury in eny way related to occupation of deceased? If so, specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

SIMIL OF MARTLAND	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	000
County Clegany	ORATE LIMITS (123) Registration Dist. No.
Village or City Cutnberkand	No. allegany Hopital St. # Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurredyrsmo	s. d. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Celizabers Mary	Shillingburg !
(a) Residence: No. 45 Derrison Sh	St., 5 Ward. Gredmont St. Va
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Semale White Married	(Month) (Day) (Year)
5a. If married, widowed or divorced	22. I HEREBY CERTIFY, That I attended decassed from
(or) MULTON Jaseph Shillmahura	1935, to 65 13 1931
6. DATE OF BIRTH (month, day, and year) unknown 1913	Mast sew h a alive on A 13 , 1935; death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the data states above, at 3.57 pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Housewife	Meritail: I would ale t
9. Industry or business in which work was done, as StLK MILL,	Colored March
SAW MILL, BANK, etc	20.
10. Date deceased last worked at this occupation (month and spent in this	1935
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Sloomington	direction like of
(Stete or country) Manyland	- signoid a undrian
13. NAME George Brandlen	
14. BIRTHPLACE (city or town) . Hyndman	Name of operation by and tony for Date of thit 916
(Stata or country) Gennsylvania	What test confirmed diagnosis? was there an autopsy? h.a.
15. MAIDEN NAME Mary Mursey	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 6. BIRTHPLACE (city or town) Calle Landon	Accident, suicida, or homicide?Date of injury, 19
(State or country) M. Va	Where did injury occur?
67, INFORMANT Lease Brandlen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Piedmont, 2/2 Va	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Please Detection 19 1 19 1	Nature of Injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Borting Mc	If so, specify
Colerel 15,030 Harry Weller	(Signed) T. M. D.
Registrar.	(Address) timber and My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-IARGIN RESERVED FOR BINDING

V. S. No. 1

Village or City Armhericand (If de Length of residence in city or town where death occurred yrs. most 2. FULL NAME (a) Residence: No. 46 7 Mallow (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vertice the world) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Armherical Sharkers (or) WIFE or	Registration Dist. No. No. Survival St., 6 We death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. St., 3 Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Yeer) 22. I HEREBY CERTIFY That I ettended deceased of the state of t
Village or City Armhericand (If de Length of residence in city or town where death occurred yrs. most 2. FULL NAME (a) Residence: No. 46 7 Mallow (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vertice the world) 5a. If married, widowed or divorced HUSBAND of (or) WIFE of Armherical Sharkers (or) WIFE or WIFE of Armherical Sharkers (or) WIFE of Armherical Sharkers (or) WIFE or WIFE o	Registration Dist. No. No. Summed St., Weleast occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurred yrs. mos. 2. FULL NAME (a) Residence: No. 467 Manna (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (varie the word) 5a. If married, widowed or divorced HUSBAND of (or) WIFE of Annale Sharker	ds. How long in U.S. if of foreign birth?
2. FULL NAME (a) Residence: No. 46 7 Malma (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (verice the word) Fas. If married, widowed, or divorced HUSBAND of (or) WIFE of Juthable Sharker	ds. How long in U.S. if of foreign birth? St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Yeer) 1 HEREBY CERTIFY That I ettended deceased if the state of the state
(a) Residence: No. 467 Malman (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (verice the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Juntale Sharker 2	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Yeer) 22. I HEREBY CERTIFY That I ettended deceased of the state of the stat
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS B. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Jutuale Shoulder 2	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Yeer) 22. I HEREBY CERTIFY That I ettended deceased of the state of the stat
PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The state of particulars (or) WIFE of particular Shorter A COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Particular Shorter 2. Color Or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2. Color Or WIFE of Color Or RACE 1. Color Or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2. Color Or RACE 1. Color Or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2. Color Or RACE HUSBAND of (or) WIFE of particular Shorter 2. Color Or RACE 1. Color Or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2. Color Or RACE 1. Color Or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2. Color Or RACE 1. Color Or RACE 2. Color Or RACE 1. Color Or RACE 1	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Yeer) 22. I HEREBY CERTIFY That I ettended deceased of the
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The state of divorced HUSBAND of (or) WIFE of Juntable Should Sho	21. DATE OF DEATH (Month) (Day) (Yeer) 22. I HEREBY CERTIFY That I ettended deceased in the standard deceased
in If married, widowed, or divorced HUSBAND of (or) WIFE of Juthode Sholar	22. I HEREBY CERTIFY That I ettended deceased of the state of the state of above, at
HUSBAND of Justinde Shoper	I last saw h live on (1955, to 795, 1955, to 1956, 195
DATE OF RINTH (month day and year) Share 17 1885	to have occurred on the date stated above, at
. DATE OF BIRTH (Month, dul), and jour)	The PRINCIPAL CAUSE OF DEATH end related causes of importance
1// 1/4	ware se follows:
49 1 10 6 ormin.	
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Crusted Chest 3.33
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Comband (State or country)	Other Coatributory Causes of Importance!
13. NAME John Show-halt	
14. BIRTHPLACE (city or town) Manchester ,	Name of operation. Long Date of
(State or country)	What test confirmed diagnosise leaves - Was there an autopsyl
15. MAIDEN NAME Dary 2 Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
The state of the s	Accident, suicide, or homicide
(State or opportry)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Stronger S. Shrysholtz (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Tase Still Cum Date April 5, 1935	Manner of Injury Crustes Chest
9. UNDERTAKER Lano Stein Jaco 2 (Address) Campagana 2	24. Was disease or injury In any way related to occupation of deceesed?
20. FILEO fred 4, 1935 Rarvey & Please Registrar.	(Signed) (Address)

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2.0

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING V. S. No. 1

Don't Gublish STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
County allerand	Registration Dist. No.
P 1 1 0-1	
Village or City Lesap Cow, Ma	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sufaut Shobe	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended decessed from
4 DATE OF RIPTH (month day and year) April 6 - 1935	I lest saw h alive on, 19; death is seid
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, etm.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Stills from 11 miss
9. Industry or business In which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cresaptonen, md	
(State or country)	- Mymany -
13. NAME Expect Shoke 14. BIRTHPLACE (city or town) N. Mas.	Lower and Hoternet
I4, BIRTHPLACE (city or town) W Las	Name of operation
(State of country)	What test confirmed diagnosis? N. D. Was there an autopsy?
15. MAIDEN NAME Worathy Scadeliffe 16. BIRTHPLACE (city or town) W. La.	23. If death was due to external ceuses (VIDLENCE) fill/in elso the following:
5 16. BIRTHPLACE (city or town) W. W.	Accident, suicide, or homicide?, Dete of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT(Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
PlaceDate19	Nature of Injury
19. UNDERTAKER	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 4/11 19.3V- 11/4 Canumater	(Signed) M. D.
Registrar.	(Address) 12 Lation St.,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	WITHIN	CORPORATE LIMITS (9-20)	660
Village or City &	uland Ind	No. Allegacy frofiles St., (If death occurred in a hospital or institution, give its NAME instead of street and to	Ward number)
2. FULL NAME Alics	albuta Sk	_mos)sds.
(a) Residence: No. Drun	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word		, 193() (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. YHEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, dey, end yeer)	Jan 14 1972	I last saw h Lee elive on Off. 19 1990	; death is said
7. AGE Years Mon		hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	1
8. Trede, profession, or perticuler kind of work done, es SPINNI SAWYER, BOOKKEEPER, etc	R. Student	Lecuntrocan manigolis.	Date of onsat
work wes done, as SILK MILL SAW MILL, BANK, etc.	School		
10. Dete deceesed lest worked at this occupetion (month and year)	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	nto m d	Other Contributory Causes of importance:	*
II 13. NAME John -	St. Iley		
13. NAME 14. BIRTHPEACE (city or town) (Stete or country)	Pa	Neme of operation Dete of	u'opsy? Dec
15. MAIDEN NAME Softe 16. BIRTHPLACE (city or town) (State or country)	in In Chilleott	23. If death wes due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide?	
(State or country) 17. INFORMANT (Address)	nayland thelly	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	te)
18. BURIAL, CREMATION, OR REMOVAL	L., Dete At 20, 19:	Menner of Injury	
19. UNDERTAKER	Thin &m	24. Wes diseese or injury In any wey releted to occupation of deceased?	()
20 File 12, 19.35	Tarrey Nie	(Signed) // // // // // (Signed)	M. D.

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CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
			1

County Village or City Village	nfor- state	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02776
Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U. S. If of foreign birth? Village or City Langth of residence in city or town where death occurred yrs mos. ds How long in U. S. If of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (carries the word) So. If married, widowed, or divorced HUSBAND of (or) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than I day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of Date of Date of Date of Date of DEATH and related causes of Importance were es follows: Date of		1. PLACE OF DEATH	102
Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U. S. If of foreign birth? Village or City Langth of residence in city or town where death occurred yrs mos. ds How long in U. S. If of foreign birth? yrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (carries the word) So. If married, widowed, or divorced HUSBAND of (or) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than I day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of Date of Date of Date of Date of DEATH and related causes of Importance were es follows: Date of	10 E &	County Allegany	Registration Dist. No.
Length of residence in city or town where death occurred mos. ds How long in U.S. If of foreign birth? yrs. draw long in U.S. If of foreign birth? yrs. draw long in U.S. If of foreign birth? yrs. draw long in U.S. If of foreign birth? yrs. draw long in U.S. If			ttle Onagus St., War
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("urite the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. I last sawh max alive on for divorced on the date stated above, at 2 mm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of Date of Date of Death or were established. Date of Date of Death and related causes of Importance were established.	() in m 1		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Saturdary of the word) St., Ward. MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH Month) (Day) (Month) (Day) (Year of the word) St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MONTH Month Month Month Medical Certificate OF DEATH Month Month Month Month Month Month Month Month Medical Certificate OF DEATH Month Month Month Medical Certificate OF DEATH Medical Certificate OF DEATH Medical Certificate OF DEATH Medical Certificate OF DEATH Month Month Medical Certificate OF DEATH Medical Certifi	AN	2 FILL MARGE DES ald Des a	in the state of th
PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word) S.	J. E. A.	(a) Pasidassa Na	7 pmm
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 1 last saw h is alive on for the date stated above, at 5 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of Date of			
BUSH A D D D D D D D D D D D D D D D D D D	PH PH	PERSONAL AND STATISTICAL PARTICULARS	
Were a stated above, at 5 m. Correct Wife of Correct Wife of Correct Corr	LX.	M OR DIVORCED (writishe word)	Opr. 27 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of Date of	ANE A C T ssifie	HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows: Date of Date of Death and related causes of Importance were es follows:	A SKE	7-11/1/1035	ap 19 ,1935 to 27 ,1935
Z striction of particular	B PE FI		- P
Z striction of particular	OR A ated	2 // l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Kind of work done, as SPINNER, Of home of SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. S. Industry or business in which	F) IS stranger of the stranger	9 Trade profession or portionles	were es follows:
F D P H V 9. Industry or business in which	ED HIS be be of	SAWYER, BOOKKEEPER, etc.	Bronch preumonia de 19
work was done, as SILK MILL,	ERV] VK—T] should it may n back	work was done, as SILK MILL,	Right lung
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spent in this spent in this	SEE NK- Sho it n it n	10. Date deceased last worked et	Primary Pronche preumonial. Cwo B.
日日日	RES A III	this occupation (month and spent in this	
Z 4 - 5	Z 4 - 9	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
DNL A B D D D D D D D D D D D D D D D D D D	GID ed. s, s	(State or country) Maryland	
(State of Country) (State	AR NF opli erm inst	13. NAME Conda M. Smith	
Name of operation	M. I I I su in the see	4 14. BIRTHPLACE (city or town)	Name of operation Date of
What test confirmed diagnosis? West there en autopsy?	世台省.	(State of country)	
	w w refu	II III III III III III III III III III	
Accident, suicide, or homicide?	LY	O 16. BIRTHPLACE (city or town) - Hacylacus (State or country)	Accident, suicide, or homicide?
		IN INFORMANT Couds VI Amith	(Specify city or town, county and State)
		1	
Manner of the state of the stat	F 7 10		Manner of injury
	ion USI	Place Strategies Detection 28, 1933	Nature of injury
15. OHDERTAREN OF GOOGGESCOT	T EOH		24. Wes disease or injury in eny way related to occupation of deceased?
Address) Angleymth Ja. If so, specify.	Š. Š.	A State of the sta	
20. FILEDAN 28, 1935 / Designer (Signed) Hancock and	» ZIT		
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 02777
1. PLACE OF DEATH	97)
County Allegann,	Registration Dist. No. 12
Village or City Apple and and	St.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sensage Sy	d st. Ward.
(a) Residence: No. January (Upual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writesthe word)	21. DATE OF DEATH 2/21, 193 5 (Yeer)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE-of-	2. I HEREBY CERTIFY, That I ettended deceased from
B. DATE OF BIRTH (month, day, and year) Del. 9. 1873	Clast saw h. un alive on april 6 0 4 19 35; death is sale
AGE Years Months Days I LESS than	to have occurred on the data stated above, at 4.45 A .m.
62 2 /2 Iday,hr	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca
1. 8. Trade profession or particular	Crteris Eclerosis 9/1/ 25
kind of work done, as SPINNER, Buch Andrew SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and account in this company).	
10. Date deceased last worked at this occupation (month and year)	2,
12. BIRTHPLACE (city or town) Manyland (State or country)	Dther Contributory Causes of importance:
Silver Eq. 2	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Thany Turchy 16. BIRTHPLACE (city or town) (State or country) Thany	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrss derge fruith	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Palled Cennetts 4 Date Of sil 23, 1936	Manner of injury
19. UNDERTAKER M' Eichburn (Address) Lancoring The	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Ceps. 23, 1935 P.A. Staken	(Signed) M. M. C. M. C. M. C.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Mary Control of the C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Village or City Currelland Length of residence in city or town where death occurred 20 yrs. m. 2. FULL NAME Henry 13 Smith	Registration Dist. No. No. 620 Broadman Creek, Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrs	No. O O Nordman Casclet, Walfild (If death occurred in a hospital or institution, give its NAME instead of street and number)
11. 00 .1	
2. FULL NAME Herry 13 Smit	osds. How long in U.S. if of foreign bloth?yrsmos
(a) Residence: No. 570 B wadney Co	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dr. / 7 (Pay) (Yaar)
If married, widowed, or divorced	1
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Buttha &.	1 HEREBY CERTIFY, That I attended daceased from 1950, to 1950, 195
DATE OF BIRTH (month, day, and year) June 7 1886	I last saw harmalive on alive on 15, 1954; death is si
AGE Years Months Days If LESS than	to have occurred on the date stated above, etcl - 35 m m.
48 10 10 Iday,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of one
rade, profession, or particular kind of work done as SPINNER	Date of the state
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(mena / leons
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	0
10. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Fairhoffe (State or country)	Other Contributory Causes of importance:
	•
1	
14. BIRTHPLACE (city or town) The State or country)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
Beeli	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7. INFORMANT Ang H. B. Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Caralles	
Place tellerial Com Dete Upo 20, 1933	Manner of injury
9. UNDERTAKER romo Stam Ina.	24. Was disease or injury in any way related to occupation of deceased?
(Address) from bealing	If so, spacify Pl - 2 France D
Spell 19, 1935 Hurney V. Cle Registrar.	(Signad) Cumberland 24

3

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

PHYSICIANS should state JRD. Every item of inforof OCCUPA. Exact statement -WRITE-RLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be should be carefully supplied. mation

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	- Q
County allegaring. WITHIN CORP	ORATE LIMITS Registration Dist. No.
Village or City Granderland	No. 307 Uses St., 5 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
: 0	2
2. FULL NAME Attack Dimit	
(a) Residence: No. 30 7 (Usual place of abode)	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH (Month) (Day) (Year)
on If married, widowed, or divorced HUSBAND (y) (or) WIP trancise Smith	22. 1 HEREBY CERT1FY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) OA 16 1864	[I last saw her alive and exa liferil 12 , 1935; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10m.
70 5 76 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	aboblex 4
9-Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
0	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	astern Aclansia
13. NAME With	- A SOUTH OF THE S
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an aulopsy? Was there an aulopsy?
15. MAIDEN NAME - Clearne.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
7. INFORMANT Francis & Smith	(Specify city or town, county and State) Specify whether injury occurred in industry, in Home, or in PUBLIC PLACE.
8. BURIAL, CREMATION DR REMOVAL Place Fillers (18) Date Mar 16, 193	Manner of injury
9. UNDERTAKER Lomio Stein Inc.	24. Was disease or injury in any way related to occupation of deceased?
9. Filiporail 15, 1935 Burney N Olice	(Signed) M. D
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example 11	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1,			

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foraign birth?_____yrs.____mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) BY CERTIFY. That I attended deceased from to have occurred on the date steted above, et 20 The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset

wera as follows:

Name of operation... What test confirmed diagnosis?_ 23. If death was due to axternal causes (VIDLENCE) fill in also the following:

Accidant, suicide, or homicide?______ Date of injury______ 19. Where did injury occur?_____

(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Manner of injury Natura of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)_ (Address)

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02782
1. PLACE OF DEATH	
County Allegheurs WITHIN CORPO	ORATE LIMITS Registration Dist. No.
Village or City 6 dunberland	No. 214 Sayetts St. Ward death occurred in a hospital sinstitution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrsyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Minna M Stahl	
(a) Residence: No. (Usual place of abode)	St., Ward. Confluence, Jas.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Warren	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Everett E. Stable	22. I HEREBY CERTIFY. That I attanded decaasad from Warch 10, 19 3 5 to Office 20 19 3 5
5. DATE OF BIRTH (month, day, and year) Children 30 1880	I last saw h T elive on Avil 19 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3 4 4 Am.
54 9 20 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Chronic Nethodis & Column 7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	artiroschosis Mylerterson 1925.
No. Date daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Freedom, Os. (State or country)	Other Coutributory Causes of importance:
13. NAME John Nayman 14. BIRTHPLACE (City or town)	
(State of country) Va.	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Mary Maigness 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIQL ENCE) fill in elso tha following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of Injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Kalph St. Caude Carde St. Caude Sandard	Specify whether injury occurred in MDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Nove
Place Caldus, 19, Datelly 22, 1933	Nature of injury N. O.
19. UNDERTAKER AND A COMPANY OF THE	24. Was disease or injury in any way related to occupation of deceased? Notes
20 John Registras.	(Signed) WK Hodglad M.D. (Address) Cundathank M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

3

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11.—The number of years the deceased followed the occupation.

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	Example II	1 1
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterius	1 year
	1915 1921 July 5,1927	Date of onset Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STAUL	LOW	FURTHER	STATEMENTS	DI	LUISICIAN

V. S. No. 1

STATE OF	MARVI AND	CERTIFICATE OF DEATH	783
1. PLACE OF DEATH	MANTLAND		100
0000	NIT PARTY NAMED IN COLUMN		2
57 10		Registration Dist. No.	<i>]</i>
Village or City 4 100000	(1)	No. Number Orspectal St., f death occurred in a hospital or institution, give it NAME instead of street and nu	Ward Ward
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME	Baby State	run	
(a) Residence: No.	(Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICA		If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tale
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white	OR DIVORCED (write the word)	(Minth) 14th (Day)	193() (Yaar)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	the	22. I HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year)	vil 14-35	1 1 1 1 1 1 1 1 1 1 2 5	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at \$7.35 Pm	death 13 Said
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
8. Trade, profession, or particular) 01	ware as follows.	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		Ellampsia (torenna)	4/1/35
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The second second	G	1-4-1-
	11 Total time (years)	Stillborn	
10. Bata deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Troobus	g-maryland	Other Contributory Causes of importance;	
1 20 1 /			
E	land-had.		
14. BIRTHPLACE (city or town) (Stata or country)	Carret Trop	Name of operation Date of	
15. MAIDEN NAME QUALLA (NOMARK	What test confirmed diagnosis?	opsy?
15. MAIDEN NAME Ougla (16. BIRTHPLACE (city or town)	land	23. If death was dua to external causas (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	, 19
(State or country)		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	ul ma	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	4/-	Manner of injury	
Place It Michaele	Data // 1935	Nature of injury	
19. UNDERTAKER	or at	24. Was disease or injury in any way related to occupation of deceased?	
(Address) / / Trao	three my	If so, specify	
20. FILED 1/4 192 D	R. Wally	(Signed) m. J. m corrmul	M. D.
, 13-1-1	Paristras	1 (Address) to "I would be	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
The state of the s				

1. PLACE OF DEATH	CERTIFICATE OF DEATH 08785
County Alledan MITHIN CORFORATA LIMIT	Registration Dist. No.
Village or City Anathrey	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 25 vrsmos	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Margaret Stent	les
(a) Residence: No. 1246 me share	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
0111	13 , to apr/3 -, 1930
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw have alive on 434 1, 1933; death is sal
2 3 1 day,hrs.	to have occurred on the date stated above, at 2.45 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bea at Page 101 9
9. Industry or husiness in which	Commence Will
SAW MILL, BANK, etc	167
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Myersdale	Other Contributory Causes of importance:
(State or country)	-
13. NAME & L.	
14. BIRTHPLACE (city or town) Lingel	Name of operation
(State or country) That	What test confirmed diagnosis for furth was there an autopsy?
15. MAIDEN NAME Maris Backman	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Cumferland	Accident, sulcide, or homicide?
(State or country) My	Where did injury occur?
17. INFORMANT Elmer Stinley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Assistance Date Open 16, 1935	Nature of injury
19. UNDERTAKER I Durak	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) / Frankey	If so, specify
20. FILED 4/14 , 1935 a.R. Walker	(Signed) M. [
Registrar. If more blanks are needed, address State Registrar.	(Address)

3

V. S. No. 1

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUDEAU V. S.			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02786
1. PLACE OF DEATH	(59)
County Cille any WITHIN CORPO	RATE LIMITS Registration Dist. No.
Village or City Cantolone	No. 116 South Smallwood St. / Ward
(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Thary Imlig D.	oddard
(a) Residence: No. // 6 Smallwroth (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Year) (Year)
HUSBAND of John Stoddart	22. I HEREBY CERTIFY. That I attended deceased from March 24, 1935, to Cyrul 7, 1935
6. DATE OF BIRTH (month, day, and year) Nov 18 1856	I last saw h. E. alive on Coffeed
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 430 A.m.
10 4 /9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Harris SAWYER, BOOKKEEPER, etc	Cardine francheses and &
9. Industry or business in which	Carebrat banochhage that 3 days
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) England	Other Coutributory Causes of importance:
(State or country)	- Chronis Parashamatin replante Tres
13. NAME John Dongston	Chronic myreard tes
14. BIRTHPLACE (city or town) & Sengland	Name of operation Name Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Clisco Eddy	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Coling as Eddy 16. BIRTHPLACE (city or town) - Bagland	Accident, suicide, or homicide? Date of Injury, 19
≥ (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Samuel (Address) Consideration made	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Miller Rel Date Clare 10, 1935	Nature of injury
19. UNDERTAKE Janie Stern Inc	24. Wes disease or injury in any way releted to occupation of deceased?
(Addiess) buland ma	If so, specify
20. MEdpell 9, 19 35 Harries Allen	(Signed) W. D. M. D.
Registrar.	(Address) L. W. Carter

3

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE

V. S. No. 1

OCCUPA

Every

1. PLACE OF DEATH

Ward

(Year)

Date of onset

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SS61 A AVE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

to authorite	to change spelling	YSICIAN
of name 1	me birth (certificate)	
U U	V	

政	N. B.—WRITE PL. ALY, WITH UNFADING INK—THIS IS A PERMANENT KECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
NG	VENT KE
BINDI	EXA C y classi te.
FOR	IS A P stated properl certifica
RVED	ould be may be back of
RESE	AGE she that it ons on l
MARGIN RESERVED FOR BINDING	NFADI oplied. erms, so instructi
€ ME	WITH U fully sul plain to
	be care EATH in
	WRITE PL ALY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly or very important. See instructions on back of certificate.
No. 1	mation CAUS
V. S. No. 1	z T

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0/
County allegany	Registration Dist. No.
Village or City & Clocked	No. St Ward
Length of residence in city or town where death occurred 12 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME John Calvin J	howas
(a) Residence: No. O Eclobout.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	HEREBY CERTIFY. That I attended daceasad from
rest .	10 CCh 10 1930, 10 Caffe 8 , 1930
6. DATE OF BIRTH (month, day, and yaar)	I last saw h alive on 19.3 d; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated ebove, et
13 L ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	motor arounz; chronic.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Duration : unknown. Cug R.
work was done, as SILK MILL, School Cubles	
0. Date deceasad last workad et this occupation (month and year) -	
4 10	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Do
	Mein ale faces acute
13. NAME Clarence Thomas.	Durations four weeks.
14. BIRTHPLACE (city or town) Troellings	Name of operation Dete of
(Stata or country)	What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Angre Cowlands	23. If daath was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) O Pillsburgh	Accident, suicide, or homicide? Date of injury19
(State or country)	Whare did injury occur?
17. INFORMANT Philip Thomas (Address) First thank with	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place & elbhart Date Grel 1/1935	Nature of Injury
19. UNDERTAKER acol Jalen	24. Was disaase or injury in any way related to occupation of deceesed?
4	If so, specify
20. FILED //O , 19 5 P Cont. April Registrar.	(Signad) M. D.
	(Addrass) (Addra

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8 ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	87
1. PLACE OF DEATH	117.6)	00
county alegany	Registration Dist. No. 6	
Village or City we stamped (If	No. St., St., death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occurred 6 Qyrs	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Charles donny	2	
(a) Residence: No. Hammed Det O (Usual place of abode)	St., Ward. If nonresident give city or town and Stal	ie
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5a, If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended dece	and from
(or) WIFE of annie Campliel Joney	fant 1 1935 to april 25	
6. DATE OF BIRTH (month, day, and year) Q = 2-1851	Hast saw him alive on QALLE 25 , 19 35; de	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at	
8 2 6 29 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER.		ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Quodenal Ulear 1	925
work was done, as SILK MILL, SAW MILL, BANK, etc		
No. Date deceased last worked at this occupation (month and spent in this	Arteriosclerosis 1	930
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
Z 12 WARE 1 2		0 40 113
	/ n.	P. N. 19
(State or country)	What test confirmed diagnosis? X = Ruy = EARM Was there an au'op	- 741
15, MAIDEN NAME ROLLERS BASES		
	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicida?	
2 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?	, 19
17. INFORMANT Min Bella John (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury 703	
Place Washing and Dale Cope 2 1, 1938	Nature of injury	
19. UNDERTAKER 19. 4. 7 Ledlock — (Address) P. L.	24. Was disease or injury in any way related to occupation of deceased?	2
20. FILED CATT. 7-7. 193 af Caganhaber 700.	(Signed) (TEBerry (Address) Preamanh W	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

3

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 6 10-5	10		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI
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1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. EREBY CERTIFY. That I attended deceased from Date of onset Was there an autopsy?_____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Oate of injury.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

24. Was diseese or injury in any way related to occupation of deceased?

20. FILEO.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08791
1. PLACE OF DEATH	
county aleghany	Registration Dist. No.
Village or City We ar Dawson	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U. S. if of foreign birth?yrsmosds.
1	ds.
2. FULL NAME (Qaruson Dora Van	per
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word)	21. DATE OF DEATH 12 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. LHEREBY CERTIFY, That I attended deceased from
(or) WIFE of	4-// 1033 to 4-/2/
6. DATE OF BIRTH (month, day, and year) March 14-1935	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
2 1 dey,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Recentere Certh Date of onset
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
To: Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
tz. BIRTHPLACE (city or town) Dawy	Other Coutributory Causes of importance:
(State or country) mud	
13. NAME Thos & Jacop elp	
13. NAME That I Taupell	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Mary Robusson	23. If death was due to externat causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MED TO PET D. # 3	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Nacoton 200 Date Off 14, 1935	Manner of injury
19. UNDERTAKER AMERICANO Jons (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED H/13, 19 MW/must	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar	· · · · · · · · · · · · · · · · · · ·

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of emlepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V. S.	1 const		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

V. S. No. 1

should state

1. PLACE OF DEATH	(82°a)
County and	Registration Dist. No. 9
Village or City Coas la latins	NoSt., War
Length of residence in city or town where death occurredyrsn	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. 'How long In U.S. if of foreign birth?mosds.
2. FULL NAME hola C Wa	mich
(a) Residence: Np.	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Timele White OR DIVORCED (write the word)	(Mg/th) (Day) (Year)
5a. If married, widowed, or divosced HUSBAND of (or) WIFE of Was as in the	22. HEREBY CERTIEY. Wat I ettended deceased from
0 + 21 -10a	last aw has alive on 10.3 S. double see
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	to have occurred on the date steted above, at
/ 3 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which	are la al Cermilia
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Dete deceesed lest worked et 11. Total time (yeers)	
o this occupation (month and spent in this occupation coupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
- Janes	
E CONTRACTOR OF THE PROPERTY O	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Heath Olons	Whet test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
15. MAIDEN NAME Hesth Olash 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17, INFORMANT ohn thomas (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place The Date Spel 17, 193	Nature of injury
19. UNDERTAKER & Sleens	24. Wes disease or injury in any way releted to occupation of deceased?
(Address)	If so, specify
20 SUSD 4/4 10 35 a.R. Nobel len	(Signed) Color M.
20. FILED 19 Registrar.	(Address) Theretons 707
If more blanks are needed, address State Registre	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TIDDITION	DI TIONS	T. CLYA	T. O TO T TITYLE	DISTINGUISH	A2 A	THEOTOTAM

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. No. 10 St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) RTIFY. Wat I attended deceesed from The PRINCIPAL CAUSE OF DEATH and releted causes of importance Data of onset What test confirmed diagnosis? Was there en autopsy? 23. If death wes due to external causes (VIOL ENCE) fill in also the following Date of injury (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? If so, specify

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	1 week ago
Run over by street car	-
	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

Length of rasidence in city or town where death occurred yrs. most. d. How Jong in U. S. if of foreign birth? yrs. most. d. How Jong in U. S. if of foreig	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	UX 154
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Length of rasidence in city or town where death occurred yrs. most. d. How Jong in U. S. if of foreign birth? yrs. most. d. How Jong in U. S. if of foreig	County Alleg	any		7
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(3) Residence: No. 149 Clust place of abode) FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVENCED currier the well) 5. If married, widowed, or divorced (ref) by Wilf of the well of	Length of rasidenca in city or town where death	occurredyrs6_mos	sds. How long in U.S. if of foreign birth?yrs	mosds.
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			The state of the s	1.64

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02795
1. PLACE OF DEATH	
County allegany	Registration Dist. No.
Village or City grahamtown	No. 107 annationa St., War
Length of residence in city or town where daeth occurred 27_yrs	death occurred in a horpital or institution, give its NAM isstead of street and number) ds. How long In U.S. If of foralgn birth? yrs. mos. ds.
2. FULL NAME Jamema Elizal	the Williams
(a) Residence: No. 102 armatrowa (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORGED (grize the word) 5a. If married widowed or divorced.	21. DATE OF DEATH (Monph) (Day) (Year)
5a. If married, widewed, or divorced HUSBAND (cor) WIFE of David A. Williams	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 24, 1872	I lest saw h alive on free 10, 1971; death is sal
7. AGE Yaars Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, itm.
8. Trede, profession, or perticular	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance ware as follows: Date of one of
Nind of work done, es SPINNER, House been es	
9. Industry or business in which work was dona, as SILK MILL.	Cancer of liver
SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and	
this occupation (month and 1935 spent in this occupation	
12. BIRTHPLACE (city or town) Staffordshire (State or country)	Other Contributory Causes of Importance:
13. NAME John Wright	
13. NAME John Wight 14. BIRTHPLACE (cithor town)	Name of operation Date of
(Stata of country)	What tast confirmed diagnosis? Clin pindings Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was dua to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT John H. W. Olionis (Addrass) & John W. W. W.	Whara did Injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Illegany Com Date 1911, 1935	Nature of Injury
19. UNDERTAKER ACOUNTY (Addrass) / Troubles (Addrass)	24. Was disaase or injury In any way related to occupation of deceesad?
20, FILED 4/1/ ,1955 9. R. Walker	(Signad) Or C, Nother M.D
Registrar. If more blanks are needed, address State Registrar.	(Address) To Wing Man

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
N-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ţ	

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 02796
1. PLACE OF DEATH	RPORATE LIMITS (B)
County allegheny WITHIN CO	Registration Dist. No.
Village or City Shuber Hank	ND. 5) 4 Washing To St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Willison	
(a) Residence: No 514 f Washing ton (Usual place of Abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Worth) (Day) (Year)
5a. if married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 23-1870	i last saw h L alive on LM L 1934 death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 45 A.m.
64 6 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Huse duty	Ohr. Musa and it
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 7. June 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) washelding (State or country)	Dther Contributory Causes of importance;
13. NAME Asahel Willison	Ohr rependes
14. BIRTHPLACE (city or town) Elisatotopul (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Amanda Bryan	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mansfield (State or country)	Accident, suicide, or homicide?
17. INFORMANTEMMA Willison (Address) 5/4 1/10/20/20/20/20/20/20/20/20/20/20/20/20/20	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Post Hill Clu Date April 6, 1935	Manner of injury
19. UNDERTAKER G. S. Butler (Address) Combuland and	24. Was disease or injury in any way related to occupetion of deceesed?
CO. FILEO Brel 5, 1935 (Barney & Orene. Resistrar.	(Signature Liller Company) M. D. (Address) 1.72.7. So Out Days H.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroentcritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 7 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	SPAUL	ron	FURTHER	STATEMENTS	DI	PHISICIAN

should state of OCCUPA-

1. PLACE OF	DEATH			Dr.A.F.Jo	ones
County	Allegany		WITHIN CO	RPORATE LIMITS Registration Dist. No.	+
Village or City		rland. M	ld (III	No. 687 • Fayette • St St., // death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth? yrs. mo	umber)
	ALCOHOLOGICAL MATERIAL				
	E Laura. : No. Cumber		Id	St., Ward. If nonresident give city or town and	State
PERSONA	L AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Female	White	5. SINGLE, MAR OR-DIVORCE	RIED, WIDOWED, Downite the word)	21. DATE OF DEATH April. 21.1935 (Month) (Oay)	193(Yaar)
5a. If married, widowed HUSBAND of (or) WIFE of	or divorced J.Goe.Wise	Э		22. HEREBY CERTIFY That I attended of	
6. DATE OF BIRTH (m	onth day and year)	S pt.12	2.1873	i last saw her alive on on 19 1935	
7. AGE Years 5	Months	Days 9	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10.30 mAm The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
9. Industry or bu	k doná, as SPINNER, OOKKEEPER, etc	ouse Wif	`e	Pulmonary Tubriculosis	1933
10. Oate deceased this occupat	BANK, etclast worked at tion (month and	spe	ima (years) nt in this upation		
12. BIRTHPLACE (city of Cartes)	or town)		Md	Other Contributory Causes of importance:	
13. NAME	Henry. Shry	vock.			
Ξ	city or town)	MA		Name of operation Date of Date of What test confirmed diagnosis? Was there an a	
15. MAIOEN NAME	Allis. I	Huff		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN NAME 16. BIRTHPLACE (c) (State or co	city or town) ountry)	Md		Accident, suicide, or homicide? Date of injury	
17. INFORMANT(Address)	Mrs John.	Hammon.		(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA) CE.
18. BURIAL, CREMATIO	N, OR REMOVAL	Oate Apri	1.24,1293	Manner of injury	
19. UNDERTAKER(Address)	John . C. Wol	lford		24. Was disease or injury in any way related to occupation of deceased?	leo
20 FILEBERE	24,1936	Tarney	Nilleus Registrar.	(Signed) Contain Typings (Address) 40 h. February 51	M.
- 17	If more	blanks are needed,	address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUDBAN V 6	1		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH,	(12)
County Collegeny WITHIN CORPOR	RATE LIMITS Registration Dist. No.
Village or City Cumberland	No. 35 B www. St., 6-2 Ward death occurred in a hospital or institution, give its NAME instand of street and number)
Length of residence in city or town where death occurred 35 yrsmos	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Charles T. Wallow	
(a) Residence: No. 3 5 Browning St.	St. 6-2 Ward.
(Usual place of abode)	If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gwrite; the word) Manual	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of Milla Wolferd	1 HEREBY CERTIFY, That I attanded deceased from
6 DATE OF BIRTH (month day and year) J. 2/ 1872	Mar 9 1933, to affer 9 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month's Deys If LESS than	I last saw h
/ 2 / / 5 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2 rade representational and A	ware as follows:
kind of work done, as SPINNER, Conductors	Subtetile bacteras mars.
9. Industry or business in which work was done, es SILK MILL, BYO Rail Road.	to Stapplocueen Queus
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 35	
10 Parting Act (-)	Other Catributory Causes of importance:
12, BIRTHPLACE (city or town)	Blight 1000 (100) 180-18
13. NAME Treduck Wallord	- fenangarques
14. BIRTHPLACE (city or town)	Neme of operation
(State or country), Pa.	Whet test confirmed diagnosis Churcas Was there an autopsy?
15. MAIOEN NAME Sarah Huff	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Havy In Willows (Address) 3 T Browning S+ Combuland)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Madly Cemelary Oate Upg. 12, 1935	Nature of Injury
19. UNDERTAKER 27 Treaster	24. Was disaase or injury in any wey related to occupation of deceased?
(Address my eyer dale la	If so, specify
20. Frederick 10 135 Harry Mines	(Signed) Is and M.D.
Registrar.	(Address) Cimberland Ing

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S. C. Connection, S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

5 I A I E OF MARYLAND—	CERTIFICATE OF DEATH 02800
County allegheny	Parietration Diet No.
TH. A. H.	No. 1/3 West St Warr
0	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Varid Wilson Wr	eg hs
(a) Residence: No. 1/3 West De	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
_ Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Yeles Kelley	
(or) WIFE of Vecca 1 (Elley	Que 22 35 Quel 11
6. DATE OF BIRTH (month, day, and year) Jan. 20, 1884	
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
5/ 2 /4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	were as follows: Date-olonse
& Trade, profession, or particular kind of work done, as SPINNER, B & O Ry. Trained SAWYER, BOOKKEEPER, etc.	Contrary of Five
9. Industry or business in which	
9. Industry or business in which work was done, as SILK MILL, Conductor SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation occupation	
12 DIPTUDI ACE (aith or town) 118 0 a Columbus	Other Contributory Canses of Importance;
12. BIRTHPLACE (city or town) Mes (State or country)	Junion Hypothalic Clayson 5
13. NAME George Wigh	house passes
Ξ	No. of the second secon
4 14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Jensie Miles	What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
I	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	
Tel. A Doc 20 . P.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MAS O. Wright (Address) Les Cools Test	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Devices Point Com-	Manage of Injury
Place Keyser W/a Date Ofil 6 1935	Manner of injury
19. UNDERTAKER Attlen horrod Some	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Reysu, W.Va	If so, specify
20. FILED Spril 6, 193 Styled ymaker Me. Registrar.	(Signed) Alf M. I
	2411 N. Charles Street, Baltimore, Requesting U. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH WITHIN CORP	ORATE LIMITS 940
County allegany -	Registration Dist. No.
Village or City Comberland	No. Holland & Columbather Ward
3/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME and a groung.	0
(a) Residence: Notherland + Columbia	Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH 1
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	april 20 193
me more married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. AI.HEREBY CERTIFY. That I attended deceased from
(a) wire or martha in my strugale	afril 25, 1935 to afril 25, 1935
6. DATE OF BIRTH (month, day, and year)	I last saw II m alive on A 1938; death is said
7. AGE. Years Months Days If LESS than	to have occurred on the date stated above, atm.
36 11 - 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 3 Trade, profession, or particular	A DO A DO A A STATE
Kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Iotal time (years) this occupation (month and	Ucille Carlos dialon 4/2013
a S. Industry or business in which work was done, as SILK MILL,	Orimany Cause: probably angena preteries
SAW MILL, BANK, etc	Objection ded not see patient with ofto
O lo. Date deceased last worked at this occupation (month and year) specinithis occupation	his death. Could.
handrala 10.	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	7
	Name of operation. One Date of
4 14. BIRTHPLACE (city or town).	What test confirmed diagnosis? Phys Clary Was there an aulopsy? No
15. MAIDEN NAME Clarketh / Lawring	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Stage of LOWER STATE OF THE	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur? Nove
C. All On	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17, INFORMANT (Address)	1-7
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Moderate Date Spr 1935	Nature of injury Ame
10 HADROTANED Lonis Ste. Das	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	/ If so, specify
6. Filedel 29, 19 Harrier Mines	(Signed) M. D.
20. FILE OF THE REGistrar.	(Address) Usuter Sugg 7 Wox
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICIOATE OF DEATH

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ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF

2. FULL NAM

5a. If married, widowe HUSBAND of (or) WIFE of

6. DATE OF BIRTH (n

12. BIRTHPLACE (city or town). (State or country)

15. MAIOEN NAME

(Address) 18. BUBIAL, CREMATION, OR

(Address)

19. UNOERTAKER

(State or country)

16. BIRTHPLACE (city or town) (State or country

10. Date deceased this occupa

13, NAME

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08802
County Alegany WITHIN CORPOR Village or City Lunchuland (If	RATE LIMITS Registration Dist. No. ND. Maria Land St., 6 / Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
FULL NAME Frederica n. Zihl	man f. f ff. O
(a) Residence: No. (Usual place of abode)	St., Ward. MINDS M If nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OK BIVORCED (write the word) married, widowed, or divorced	21. DATE OF DEATH, (Month) 7/ (Oay) (Year)
HUSBAND OF (or) WIFE OF Magazel Dahl	1 HEREBY CERTIFY. That I attended deceased from
TE OF BIRTH (month, day, and year)	I last saw hole alive on apr. 71, 1934; death is said
E Years Months Days If LES Sthan	to have occurred on the date stated above, at 3:10 m.
55 6 19 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Regional Director	Leskangio Eucephalitis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Order of Moorke	
O. Date deceased last worked at this occupation (month and year).	

Other Contributory Causes of Importance: 14. BIRTHPLACE (city or town) Name of operation What test confirmed diagnosis? Was there an autopsy?_____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur?. (Specify city or town, county and State)
Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signe) .. da. Registrar. (Address) . L. 7. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL SPA	ICE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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